

1st International Teaching Staff Week

Wrocław 9-13th May

**Application Form**

|  |  |
| --- | --- |
| **Title** |  |
| **Name and Surname**  |  |
| **Gender** |  |
| **Home University****(name, country, city)** |  |
| **Erasmus Code**  |  |
| **Position at Home University** |  |
| **Department/Unit** |  |
| **Teaching Programme area** |   |
| **Contact details (e-mail, telephone )** |  |

**Teaching Programme Details**

|  |  |
| --- | --- |
| Subject of the presentation |  |
| Type (lecture, workshop etc.) |  |
| Duration  |  |
| Other requirements, please specify. |  |

**Please e-mail the completed form by 5th April 2016 to** **international@wsb.wroclaw.pl**

**The number of seats is limited. Please take into account that after applying you are not automatically selected.**

![C:\Users\Zielińska-M\AppData\Local\Microsoft\Windows\INetCache\IE\PZH71TA0\220px-Square_-_black_simple.svg[1].png]()I agree to process my personal data by the administrator – WSB University in Wrocław based in Wrocław for marketing and promotional purposes connected to its activities pursuant to the Act on Personal Data Protection dated 29th August 1997 (Journal of Laws 2002, No. 101, item 926 as amended) any time also in the future.