



LITHUANIAN SPORTS UNIVERSITY

Sporto str. 6, LT-44221 Kaunas, Lithuania

Phone: (370 690) 09861 E-mail: lsu@lsu.lt Web site: <http://www.lsu.lt>

APPLICATION FORM FOR EXCHANGE STUDENTS (Complete the form clearly in CAPITAL letters)

ACADEMIC YEAR: 2024 / 2025

PERSONAL DATA					
Family Name*:		<div>Photo</div>			
Given Names*:					
Place of birth:				Date of birth (D/M/Y):	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female			Nationality:	
CORRESPONDENCE ADDRESS UNTIL YOUR ARRIVAL TO KAUNAS					
Street:				City:	
Postal code:				Country:	
Phone:					
E-mail:					
A PERSON TO CONTACT IN CASES OF EMERGENCY					
Name and relationship to the student:					
Contact information:					

** Please write family and given names exactly as in your passport (or ID card) as it is very important while preparing your acceptance documents.*

HOME INSTITUTION		
Name of institution and full address: _____		
CONTACT PERSON		
Name:	Position:	
Address	Street:	City:
	Postal code:	Country:
Phone:	E-mail:	
CURRENT STUDIES		
Faculty:	Field of study:	
Degree for which you are currently studying:		
Number of higher education study years prior to departure abroad:		

LANGUAGE SKILLS						
Native language:		Language of instruction at home institution (if not native language):				
Other languages:	I am currently studying this language		I have sufficient knowledge to follow lectures		I would have sufficient knowledge to follow lectures if I had some extra preparation	
	Yes	No	Yes	No	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STUDY PERIOD AT LSU			
Planned period of study (duration in months):			
<input type="checkbox"/> Autumn semester	From:		To:
<input type="checkbox"/> Spring semester	(DD /MM/ YY)		(DD /MM/ YY)
Type of activity:	<input type="checkbox"/> Courses (<i>please fill in the Learning Agreement for Studies</i>)		<input type="checkbox"/> Practical training (<i>please fill in the Learning Agreement for Traineeship</i>)
	<input type="checkbox"/> Other:		

APPLICATION DEADLINES:

EU/Non-EU Students

Autumn semester – May 1st

Spring semester – November 1st

With this application form you need to send us the following:

- Learning Agreement (or you can use **Online Learning Agreement**)
- Transcript of Records
- Copy of your passport (ID card)
- Application Form for Accommodation (if necessary)
- Certificate of good health (**in English**)

Note: If needed, any changes in the Learning agreement must be done before arrival.

SIGNATURES	
<i>I certify that the information provided in this application is correct and complete.</i>	
Applicant's signature:	Date:
<i>I hereby, confirm that the above-mentioned student was selected for the exchange period at your institution.</i>	
Contact person's signature:	Date:

Completed application together with the required documents must be sent by the address below:

International Relations Office
Lithuanian Sports University
Sporto g. 6, LT-44221 Kaunas, Lithuania
Phone: (+ 370 690) 09923, erasmus@lsu.lt