



## STUDENT OF FAT USB MOBILITY APPLICATION

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**Programme:**

**Name and Surname:**

**Study Field, year:**

**Have you participated in a mobility?**

If you have, where and when was it?

**The language applied in mobility:**

(attained level – B1, B2)

**The planned period of the mobility:**

(indicate at least the term-winter/summer)

**The receiving institution:**

**The planned length of the mobility:**

**The planned term of graduation:**

**Phone number:**

**E-mail:**

By submitting this application, I acknowledge that my personal data provided in this form and in the documentation submitted for the purposes of the selection process and also for the purposes of my potential subsequent nomination to the foreign party will be processed by the faculty coordinator of the University of South Bohemia in České Budějovice, the Department of International Relations of the Rectorate, the Czech National Agency for International Cooperation (DZS), and the Ministry of Education, Youth and Sports of the Czech Republic in accordance with Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data. I also acknowledge that my aforementioned personal data will be transferred to the foreign party, i.e., the relevant foreign state institution and the receiving universities, directly or through the relevant diplomatic mission of the Czech Republic abroad or the locally relevant diplomatic mission of the foreign state because this data transfer is necessary for the processing of this application and the granting of the scholarship/grant. Furthermore, I acknowledge that my aforementioned personal data will be stored in analogue and digital form for the needs of the above-mentioned entities for the period strictly necessary, as defined by the Registration and Schreddig Regulations of USB, DZS, and the Ministry of Education, Youth and Sports.

I hereby **consent to the processing of my personal data** as afore-described. I am aware of my right to revoke this consent at any time and of the fact that the revocation of the consent does not affect the legality of processing my personal data based on the consent given before its revocation.

**Date:**

**Signature:**

Filet his application with the International Relations Department or send it via e-mail: [kaplova@fzt.jcu.cz](mailto:kaplova@fzt.jcu.cz)