

# APPLICATION FORM

FOR THE ACADEMIC YEAR 2017/2018

I would like to apply for the following studies at University of Economics and Innovation in Lublin, Poland

1 <sup>st</sup> degree study – select one field of study					
Field of study	Degree of study		Field of study	Degree of study	
COMPUTER SCIENCE	Bachelor Degree (BA)		NURSING	Bachelor Degree (BA)	
MANAGEMENT	Bachelor Degree (BA)		ECONOMICS	Master Degree (MA)	

PERSONAL DATA – fill in capital letters					
Name			Surname		
Middle name			Gender		
			MALE		FEMALE
Date of birth – day / month / year			Place of birth		
Parents name and surname					
Father	Name	Surname	Mother	Name	Surname
ID / Passport number		Nationality		Country of permanent residence	
Visa number			Residence card number		
PERMANENT ADDRESS					
Postcode		Street		Home / flat number	
City / town		Village		Country	
PLACE OF RESIDENCE					
Cities Densely populated areas		Towns and suburbs Intermediate density areas		Rural areas Thinly populated areas	
Telephone number			E-mail address		

CORRESPONDANCE ADDRESS – fill in if different then above			
Postcode		Street	Home / flat number
City / town		Village	Country

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SECONDARY SCHOOL, COLLEGE / UNIVERSITY OF CANDIDATE DATA				
<b>SECONDARY SCHOOL</b>				
<b>Attended school</b>		<b>Town / City</b>		<b>Country</b>
<b>Type of received certificate</b>			<b>No. of certificate</b>	
<b>Dates of attended school</b>				<b>Country</b>
<b>Beginning</b>		<b>End</b>		
<b>COLLEGE / UNIVERSITY</b>				
<b>Attended college / university</b>		<b>Town / city</b>		<b>Country</b>
<b>Type of received certificate</b>			<b>Number of Diploma</b>	
<b>Dates of attended college / university</b>				<b>Year of graduation</b>
<b>Beginning</b>		<b>End</b>		
<b>Type of awarded degree</b>				
<b>Bachelor degree</b>		<b>Master degree</b>		<b>None</b>
College / University programmes / courses				

ENGLISH LANGUAGE KNOWLEDGE				
<b>English language certificates</b>				
<b>Name of examination</b>				
<b>Grade / score</b>		<b>Date of examination</b>		
<b>Level of knowledge</b>				
	<b>Elementary</b>	<b>Intermediate</b>	<b>Advanced</b>	<b>Proficiency</b>
<b>Reading</b>				
<b>Writing</b>				
<b>Speaking</b>				

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FOR THE ACADEMIC YEAR 2017/2018

OTHER DATA							
<b>IN CASE OF EMERGENCY PLEASE CONTACT</b>							
<b>Name</b>		<b>Surname</b>			<b>Relationship</b>		
<b>Address</b>		<b>Telephone number</b>			<b>E-mail</b>		
<b>WOULD YOU LIKE TO APPLY FOR ACCOMMODATION ?</b>							
<b>No</b>		<b>Single room</b>		<b>Double room</b>		<b>Triple room</b>	
<b>SOURCE OF INCOME</b>							
<b>Own business activity</b>			<b>Own job</b>		<b>Farm</b>		<b>Allowances</b>
<b>Parents job</b>			<b>Pension</b>		<b>Other</b>		
<b>WORKPLACE</b>							
<b>Employer's name</b>							
<b>Address</b>							
<b>DISABILITY</b>							
<b>DEGREE OF DISABILITY</b>							
<b>TYPE OF DISABILITY</b>							

I **agree** to the processing of my personal data included in the application for recruitment, according to the Act of 29 August 1997 on Personal Data Protection, DZ. U. Nr 101, poz. 926 as amended. I **declare** that the statements made by me on this form are to the best of my knowledge and belief, true and correct. If my application is accepted I will follow the university's regulations and ensure payment of fees and other liabilities.

.....  
(Date and Signature of the candidate)

**Enclosed documents (scanned and send with signed Offer Letter by e-mail:studyenglish@eiu.edu.pl)**

1. A certificate or another equivalent document (legalized or provided with apostille) confirming that the applicant is eligible for admission to higher education in the country in which he or she completed secondary school. The certificate will require nostrification by the Local Polish Education Authority. A mentioned certificate must be accompanied by a sworn translation.
2. A medical certificate stating the capacity for studying Physiotherapy and Nursing
3. A copy of ID or passport.
4. 4 current photographs (35mm x 45mm, at least one colour photograph).
5. Copy of passport, visa and/or residence card (if issued).
6. Certificate of English Language Proficiency
7. Copy of insurance policy (accident insurance or health insurance).

.....  
(Date and Signature of the candidate)