

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

Select one field of study					
Field of study		Degree of study		Degree of study	
COMPUTER SCIENCE		Bachelor Degree (BA)		NURSING	
MANAGEMENT		Bachelor Degree (BA)		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
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	

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

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

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

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.

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(Date and Signature of the candidate)