I would like to apply for the following studies at WSEI University in Lublin, Poland

Select one field of study							
Field of study Degree of study Field of study Degree of study							
COMPUTER SCIENCE	Bachelor Degree (B.E.)		MANAGEMENT	Master Degree (MA)			
MANAGEMENT	Bachelor Degree (B.A.)		COMPUTER SCIENCE	Master Degree (M.E.)			
NURSING	Bachelor Degree (BSc)		NURSING IN WARSAW	Bachelor Degree (BSc)			

	F	PERSONAL DATA	- fill in cap	ital lette	rs		
Name			Surname	е			
Middle n			Candar				
wildale n	ame		Gender		1		
			MAL	.E		FEMALE	
Date of b	oirth – day / mont	h / year	Place of	birth			
		Parents name	and surn	ame			
	Name	Surname		Name		Surname	
Father			Mother				
D	4	Notice eliter		0			! -!
Passport number		Nationality		Country of permanent residence			
Visa nun	nber		Residen	ce card	d numb	er	
		PERMANEN	L T ADDRF:	SS			
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		333.		1.0			
City / tov	vn	Village		Cou	ntry		
		PLACE OF F	RESIDENC	CE			
С	ities	Towns and s	uburbs		Rı	ural areas	
_	populated	Intermediate of				nly populated	
•	reas	areas				areas	
	ne number		E-mail a	ddress			

CORRES						
Postcode	Postcode Street Home / flat number					
City / town	Village	Country				

APPLICATION FORM

FOR THE ACADEMIC YEAR 2022/2023

	SECONDAR	Y SCHOOL, COL CANDIDATE		VERSITY OF		
SECONDARY	SCHOOL					
Attended scho	ool	Town / City		Country		
Type of receiv	ed certificate	No. of certificate	No. of certificate			
Dates of atten	ded school	_		Country		
Beginning		End				
COLLEGE / UI	VIVERSITY			•		
Attended colle university	ege /	Town / city		Country		
Type of receiv	ed certificate	Number of		f Diploma		
Dates of atten	ded college / ı	ıniversity		Year of graduation		
Beginning		End				
Type of award	ed degree	_	-	_		
Bachelor degree		Master degree		None		
College / Unive	nes / courses					

ENGLISH LANGUAGE KNOWLEDGE							
English language certificate	es .						
Name of examination							
Grade / score		Date of exam	ination				
Level of knowledge							
	Elementary	Intermediate	Advanced	Proficiency			
Reading							
Writing							
Speaking							

APPLICATION FORM

FOR THE ACADEMIC YEAR 2022/2023

IN CASE OF EMERGE	ENCY PI		HER				
Name	Surname			Rela	Relationship		
	Garnanie				Relationship		
Address		Telepho	ne nu	mber	E-m	nail	
			OURC INCO	_			
Own business activity	0	own job Farm			Allowances		
Parents job	P	ension		Other			
WORKPLACE	'						
Employer's name							
Address							
DISABILITY DEGREE OF DISABIL	JTY	ı					
TYPE OF DISABILITY	7						
THE OF BIOABILITY							
I agree to the processing of my Protection Act of 10 May 2018 me on this form are to the beshe university's regulations and	(Journal of t of my kn	of Laws 2018 owledge and	3, item [.] d belief,	1000) as amende true and correct	ed. I dec	clare that the statemen	nts made by
						te and Signature of the	
Enclosed documents (scanne	ed and sen	d by e-mail: s	tudyen	qlish@eiu.edu.pl	or <u>rekruta</u>	acja.warszawa@wsei.eu	ı)
A filled in and signed ap A copy of maturity certification B A copy of passport data A *FOR MA STUDIES: see B Language proficiency constitution stating that English is a A medical certificate corand Computer Science).	cate or/and cation institu page. e 1 and cop crtificate B1 medium of infirming that	Senior Secon tion in the cou y of the Bache (for BA studie nstruction and there are no	untry of is elor diplo es) and B d examin contraind	ma and the transcr 2 (for MA studies)/ ation. dications to study o	ipt languagen	e certificate issued by thosen field of studies (only	e educationa y for Nursing
7. In case of the change of	name, the	appropriate do	ocument	(i.e. marriage certi	ficate, co	urt decision, etc.) must b	e presented
						te and Signature of the	