

**APPLICATION FORM – Intensive one-year course in Polish language for University applicants (Please, use capital letters)**

FIRST NAME:		SURNAME:	
DATE OF BIRTH:		PLACE OF BIRTH:	
SEX: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		FATHER'S NAME:	
OBYWATELSTWO:		MOTHER'S NAME:	
PASSPORT NUMBER:	DATE OF ISSUE:	DATE OF EXPIRY:	
<b>EDUCATION</b>			
COMPREHENSIVE (SCHOOL NAME)			
HIGHER (SCHOOL NAME, DEPARTMENT)			
<b>ADDRESS</b>			
COUNTRY:		CITY:	
STREET:	NUMBER:	AREA CODE:	
<b>CONTACT DETAILS</b>			
E-MAIL:		TELEPHONE / FAX:	
IN CASE OF EMERGENCY, CONTACT – NAME AND PHONE NUMBER:			
<b>COURSE:</b>			
one-year course (October 2017 – June 2018)			<input type="checkbox"/>
half-year course (February 2018 – June 2018)			<input type="checkbox"/>
<b>ACCOMMODATION RESERVATION</b>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>ROOM</b>	SINGLE <input type="checkbox"/>	DOUBLE <input type="checkbox"/>	
PLEASE, GIVE EXACT DATE OF YOUR ARRIVAL IN BIALYSTOK:			
<b>OTHER LANGUAGES:</b>			
<b>POLISH LANGUAGE LEVEL</b>			
BEGINNER A1 <input type="checkbox"/> A2 <input type="checkbox"/>		INTERMEDIATE B1 <input type="checkbox"/>	
I declare that there are no health obstacles for my participation in the paid language courses organized by POLLANDO. I accept recruitment requirements. I declare to have my own insurance.			
DATE:		SIGNATURE:	

**NOTE:** Recruitment is run through Uniwersyteckie Centrum Rekrutacji. The application form should be sent to: [studyinuwb@uwb.edu.pl](mailto:studyinuwb@uwb.edu.pl).