

Polish Language and Culture School - POLLANDO, University of Bialystok
Plac NZS i 1, 15-420 Bialystok, Poland, pollando@uwb.edu.pl

APPLICATION FORM – THREE-MONTH SPECIALIZED POLISH LANGUAGE COURSE

(Please, use capital letters)

FIRST NAME:		SURNAME:	
DATE OF BIRTH:		PLACE OF BIRTH:	
SEX: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		NATIONALITY:	
PASSPORT NUMBER:	DATE OF ISSUE:	DATE OF EXPIRY:	
ADDRESS			
COUNTRY:		CITY:	
STREET:	NUMBER:	AREA CODE:	
CONTACT DETAILS			
E-MAIL:		TELEPHONE / FAX:	
IN CASE OF EMERGENCY, CONTACT – NAME AND PHONE NUMBER:			
COURSE:			
Polish for foreigners (with elements of Medical Polish) – A2 level			<input type="checkbox"/>
Medical Polish for foreigners – B1 level			<input type="checkbox"/>
POLISH LANGUAGE LEVEL			
BEGINNER <input type="checkbox"/>	INTERMEDIATE <input type="checkbox"/>	ADVANCED <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:	