



VINCENT POL UNIVERSITY IN LUBLIN

ul. Choiny 2, 20-816 Lublin, Poland , tel. +48 81 740 25 04, www.vpu.edu.pl, e-mail: infoenglish@pol.edu.pl

APPLICATION FORM

Name

Surname

I would like to apply for the **one-year English language preparatory course** at Vincent Pol University in Lublin for the academic year 2017/2018.

PERSONAL DETAILS: /FILL IN CAPITAL LETTERS/

FIRST NAME SURNAME

MAIDEN NAME

DATE OF BIRTH (day/month/year) PLACE OF BIRTH

PARENTS' NAME *father* *mother* NATIONALITY

ID/PASSPORT NUMBER COUNTRY OF PERMANENT RESIDENCE

VISA NUMBER RESIDENCE CARD NUMBER

PERMANENT ADDRESS *street & no*

post code *town/city/province* *country*

CORRESPONDENCE ADDRESS * *street & no*

post code *town/city/province* *country*

TELEPHONE NUMBER E-MAIL

**Fill in if correspondence address is different from permanent address*

I hereby give consent for the above data and submitted documents to be used for University purposes, in accordance with the Act of 29 August 1997 on Personal Data Protection (Official Journal of Laws of 1997 no. 133, item 883 as amended)

Authorization to use personal image

I, the undersigned, (a) give consent for my personal image to be used by Vincent Pol University in Lublin for the purpose of marketing activities performed by the University. Written consent involves using, recording, processing and reproducing prepared photographs by means of electronic and print media. This consent is given for an indefinite period of time, free of charge, with no subjective and objective limits.

Date and Candidate's signature

SECONDARY SCHOOL ATTENDED:

SCHOOL NAME

CITY/TOWN AND COUNTRY

CERTIFICATE NUMBER START DATE END DATE

COLLEGE/UNIVERSITY ATTENDED:

COLLEGE/UNIVERSITY NAME

CITY/TOWN AND COUNTRY

TYE OF DEGREE AWARDED BACHELOR MASTER NONE

PROGRAMMES/COURSES

DIPLOMA NUMBER START DATE END DATE

ENGLISH LANGUAGE SKILLS (Please, state the level of fluency in English, marking right blank)

	PROFICIENCY	ADVANCED	INTERMEDIATE	ELEMENTARY
READING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WRITING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPEAKING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ENGLISH LANGUAGE CERTIFICATES (if any)

NAME OF TEST	GRADE/ SCORE	DATE OF EXAMINATION
<input type="text"/>	<input type="text"/>	<input type="text"/>

PERSON CONTACT IN CASE OF AN EMERGENCY

NAME	<input type="text"/>		
RELATIONSHIP	<input type="text"/>	TELEPHONE NUMBER	<input type="text"/>
		E-MAIL	<input type="text"/>
ADDRESS	<input type="text"/>		

DO YOU INTEND TO APPLY FOR UNIVERSITY ACCOMMODATION?

NO SINGLE ROOM DOUBLE ROOM

MAIN SOURCE OF STUDENT'S FAMILY INCOME: (select)

employment contract mandate contract business activity agriculture retirement pension/disability pension
 others (specify)

CHECK LIST:

- Secondary school (maturity) certificate** and **secondary school transcript**, entitling to continue university-level study in country in which the diploma was issued
- Bachelor diploma** and **Academic transcript** (only in the case of applications for Master studies), entitling to continue Master-level study in country in which the diploma was issued
- Sworn translations into Polish or English language** of all the documents listed above
- Certificate of English Language Proficiency**
- Copy of passport** (page with personal data), a copy of a visa or of a resident card
- Health certificate** including a clause that the student is in good health
- A copy of health insurance policy**
- 1 current photographs** (35mm x 45mm, at least one colour photograph)

Financial declaration for studies:

I shall be obliged to pay for studies at Vincent Pol University in Lublin, in accordance with the conditions set in the Rules and Regulations of the University. I acknowledge that payments shall be made in advance, by 5th October (in the case of EU students), and 1-year course fee shall be paid in advance before applying for a visa (in the case of applicants for 1-year visa). In the case of payment delays the University is entitled to claim interest.

.....
Date and Candidate's signature

FOR OFFICE USE ONLY.

I hereby acknowledge the receipt of the following documents

1. A copy of higher studies diploma

Diploma number

dated

2. Secondary school certificate

Certificate number

dated

3.

4.

5.

6.

Date and signature