

UNIVERSITY OF WARSAW  
 FACULTY OF POLISH STUDIES  
 CENTRE OF POLISH LANGUAGE  
 AND CULTURE FOR FOREIGNERS  
 POLONICUM

**62<sup>nd</sup> SUMMER COURSE  
 OF POLISH LANGUAGE AND CULTURE  
01.08-31.08.2017**

**APPLICATION FORM**

1. FAMILY NAME:

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2. FIRST NAME:

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3. SEX:      MALE      FEMALE

4. PASSPORT NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

or  
 ID NUMBER

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5. COUNTRY:..... 6. DATE OF BIRTH: .....

7. HOME ADDRESS:.....  
 .....

8. E-MAIL:..... 9. PHONE/FAX: .....

10. PROFESSION/OCCUPATION:.....

11. If you are currently a student, what school do you attend? .....  
 .....

12. KNOWLEDGE OF THE POLISH LANGUAGE:

**oral:**       none       poor       fair       good       excellent

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**written:**       none       poor       fair       good       excellent

13. FINANCIAL SUPPORT:

- scholarship provided within Poland's cultural agreement with the participant's country
- scholarship provided within a direct agreement with University of Warsaw
- self-funding

14. Give the names and addresses/phones of relatives or friends who may be contacted in case of an emergency:

In your home country:

In Poland:

.....  
.....  
.....  
tel./e-mail.....      tel./email.....

15. How did you learn about our Course?

.....

***I understand the rules of participation in the course. My health condition is no obstacle for my taking part in it. I agree that my personal data will be lawfully processed for the School purposes (Ustawa o ochronie danych osobowych, Dz. Ustaw nr 133, poz. 833 z dn. 29 sierpnia 1997 roku).***

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature