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|  | **Witelon Collegium State University** |
| **ACCOMMODATION FORM FOR INTERNATIONAL STUDENTS****ACADEMIC YEAR 20…./20….** |

**PLEASE WRITE CLEARLY AND USE CAPITAL LETTERS**

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| --- | --- | --- | --- |
| **Family name** |  | **First name** |  |
| **Date of birth (dd/mm/yy)**  |  | **Gender** | **Female** [ ]  **Male** [ ]  |
| **Place of birth**  |  |
| **Nationality** |  | **Home address** |  |
| **Passport number/ ID:** |  | **City** |  |
| **E-mail**  |  | **Post code** |  |
| **Phone** |  | **Country**  |  |
| **Home University** |  |
| **Special remarks** (For example: roommate’s name, ect.) |  |
| **Person to contact in case of emergency** | **Name:** | **Phone :**  | **E-mail:** |

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| **Duration of stay in Witelon Collegium State University** Please choose one option.[ ]  **Full academic year**: from ………………….. to …………………………[ ]  **Winter semester:**  from ………………….. to …………………………[ ]  **Summer semester:** from ………………….. to ………………………… |

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| **Accommodation cost**Dom Studenta ( Hall of residence). Address: ul. Mickiewicza 10, 59 -220 Legnica, Poland**The University guarantees a place in the room.****Indicate your preferences (it  does not guarantee you’ll  get a room of your choice).** |
| **Room** | **Per month** |
|  **Rooms with shared bathroom and a kitchen on the floor** |
| [ ]  | Double room | 470 PLN per person |
| [ ]  | Room for three | 400 PLN per person |
|  **Rooms with bathroom and a kitchen on the floor** |
| [ ]  | Double room | 495 PLN per person |
| [ ]  | Room for three | 430 PLN per person |
| [ ]  | Room for four | 365 PLN per person |
|  **Rooms with bathroom and kitchen** |
| [ ]  | Double room | 535 PLN per person |

**Student has to pay a security deposit of 300 PLN in beginning** (it will be refunded if the accommodation is vacated without any damage).

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| **Please return this form to**: | Witelon Collegium State UniversityInternational Relations Office |
| Address: | Ul. Sejmowa 5A, 59-220 Legnica, Poland  |
| **spring/ summer semester** | not later than before **31 of May** |
| **autumn/winter semester** | not later than **30 of November** |

Date: /….../….../… Student’s signature: …………………………………….