**Witelon Collegium State University, Poland**

(Photograph)

**INCOMING STUDENT APPLICATION FORM**

Academic year: 20…./20….

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| **FACULTY OF:** ☐SOCIAL AND HUMAN SCIENCES  ☐ TECHNICAL AND ECONOMIC SCIENCES |

☐ HEALTH AND PHYSICAL CULTURE SCIENCES

**Period of stay:**

☐ one semester: ☐ autumn/winter ☐ spring/summer

☐Full academic year

***PLEASE WRITE CLEARLY AND USE CAPITAL LETTERS***

|  |  |  |  |
| --- | --- | --- | --- |
| **STUDENT’S PERSONAL DATA** | | | |
| Family name |  | First name(s) |  |
| Date of birth |  | ID number |  |
| Place of birth / country |  | Passport number |  |
| Sex |  | E-mail |  |
| Nationality |  | Phone number |  |
| Current address |  |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SENDING INSTITUTION** | | | | |  |  |
|  | Name and full address Institution |  |  | | |  |
|  | Departmental coordinator |  | Name and surname |  | |  |
|  | Phone number |  | |
|  | E-mail |  | |
|  | Institutional coordinator |  | Name and surname |  | |  |
|  | Phone number |  | |
|  | E-mail |  | |

**LANGUAGUE COMPETENCE**

☐English ☐B1 ☐B2 ☐C1 ☐C2

☐Germany ☐B1 ☐B2 ☐C1 ☐C2

☐Polish ☐B1 ☐B2 ☐C1 ☐C2

☐other…………………☐B1 ☐B2 ☐C1 ☐C2

**PREVIOUS AND CURRENT STUDY**

Diploma/degree for which you are currently studying: ☐Bachelor ☐Master

Number of higher education study years prior to departure abroad: ☐ 1 ☐2 ☐3 ☐4

Have you already been studying abroad? ☐ YES ☐NO

If Yes, when? at which institution?...............................................

**DEADLINES:**

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

**RECEIVING INSTITUTION**

|  |  |
| --- | --- |
| I hereby acknowledge receipt of the candidate application and the proposed learning agreement. | |
| The above mentioned student is ☐ provisionally accepted at our institution  ☐ not accepted at our institution | |
| Institutional coordinator’s signature:  Date: |