



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

I would like to apply for the following studies at Vincent Pol University in Lublin for the academic year 2019/2020

October Intake **February Intake.**

(please, select one):

NURSING

full-time first-cycle studies (3-year bachelor)

COMPUTER SCIENCE

full-time first-cycle studies (3-year bachelor)

BEAUTY SCIENCE

full-time first-cycle studies (3-year bachelor)

PHYSIOTHERAPY

full-time long-cycle studies (5-year master) full-time second-cycle studies (2-year master)

SPORT SCIENCE

full-time first-cycle studies (3-year bachelor)

TOURISM AND HOSPITALITY MANAGEMENT

specialty: Hospitality Management Tourism Management

full-time first-cycle studies (3-year bachelor)

INTERNATIONAL BUSINESS MANAGEMENT

full-time first-cycle studies (3-year bachelor)

specialty: Managerial Economics International Business

INTERNATIONAL TOURISM

full-time second-cycle studies (2-year master)

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 certify that the above data are true and correct – under pain of criminal liability (pursuant to art. 233, 272 and 297 of the Criminal Code)

I hereby give consent for my personal data to be processed for the purposes necessary for admission process by Vincent Pol University in Lublin, ul. Choiny 2, pursuant to art. 23 section 1 item 1 of the Act of 29 August 1997 on the Protection of Personal Data (i.e. Journal of Laws of 2016, item 922) and pursuant to art.6 section1 letter a of the General Data Protection Regulation of the European Parliament and the Council (EU) of 27 April 2016 RODO (the Official Journal of the European Union of 2016 No. 119.) from the effective date of the aforementioned regulation.

SECONDARY SCHOOL ATTENDED:

SCHOOL NAME	<input type="text"/>		
CITY/TOWN AND COUNTRY	<input type="text"/>		
CERTIFICATE NUMBER	<input type="text"/>	START DATE	<input type="text"/>
		END DATE	<input type="text"/>

COLLEGE/UNIVERSITY ATTENDED:

COLLEGE/UNIVERSITY NAME	<input type="text"/>		
CITY/TOWN AND COUNTRY	<input type="text"/>		
TYPE OF DEGREE AWARDED	BACHELOR <input type="checkbox"/>	MASTER <input type="checkbox"/>	NONE <input type="checkbox"/>
PROGRAMMES/COURSES	<input type="text"/>		
DIPLOMA NUMBER	<input type="text"/>	START DATE	<input type="text"/>
		END DATE	<input type="text"/>

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 <input type="checkbox"/>	SINGLE ROOM <input type="checkbox"/>	DOUBLE ROOM <input type="checkbox"/>
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ENCLOSURES:

- 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
- Legalisation (or Apostille) of above mentioned documents**
- Eligibility statement/ Migration Certificate** confirming eligibility to undertake university-level study in country in which the secondary school certificate was issued
- Sworn translations into Polish or English language** of all the documents listed above
- Certificate of English Language Proficiency** (at least B2 level)
- Certificate of recognition (nostrification)** of secondary school (maturity) certificate, if applicable
- 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 and that there are no objections to undertake studies, (additional medical certificate stating the capacity for studying Physiotherapy, Beauty Science and Sport Science)
- A copy of health insurance policy**
- 4 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 and 5th February (in the case of EU students), and 1-year tuition fee shall be paid in advance before applying for a student visa (in the case of applicants for 1-year student visa). In the case of payment delays the University is entitled to claim interest. The basis for financial clearance of a student is the date of written termination of study agreement.

I, the undersigned, give consent for my personal image to be used by Vincent Pol University in Lublin, for the system of Electronic Student ID Card, and for Student Book and Diploma. This consent is given for an unlimited period of time, free of charge, without any objective or subjective limitations.

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Date and Candidate's signature