



STUDENT APPLICATION FORM

ACADEMIC YEAR 20... / 20...

(This application form should be completed in **black, CAPITAL LETTERS** in order to be easily copied, faxed or e-mailed!)

(Photograph)

ACADEMIC YEAR	
SEMESTER	<input type="checkbox"/> Winter Semester <input type="checkbox"/> Spring Semester
FIELD OF STUDY	

SENDING INSTITUTION:	
Name of Home University	
Adress:	
Field of study at Home University	
International Office Coordinator at Home University	Name
	Telephone/Fax
	E-mail
Have you studied abroad before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <u>yes</u> , when? At which institution?	

STUDENT'S PERSONAL DATA	
Family Name	
First Name (s)	
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male
Date of Birth (dd/mm/yy)	
Place of Birth	
Nationality	
Number of ID/passport	
Student's permanent address	Street and No.
	Postal Code and City
	Country
Student's address for correspondence (if different from above)	Street and No.
	Postal Code and City
	Country
Telephone No./ Fax No.	
Student's e-mail (regularly checked!)	

LANGUAGE COMPETENCE							
Mother tongue							
Language of instruction at home institution							
Other languages	I am currently studying this language		I have sufficient knowledge to follow lectures		I would have sufficient knowledge to follow lectures if I had some extra preparation		certificates awarded (if any)
	yes	no	yes	no	yes	no	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Briefly state the reasons why you wish to study abroad ?

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NOTE

A completed Application Form with the following documents:

- scan of ID/passport,
- Transcript of Records obtained in previous years of study,
- Insurance policy.

should be **e-mailed** to:

International Relations Department
 WSB University

Phone: +48 32 295 93 16
 e-mail: jludzien@wsb.edu.pl

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 (Place, date)

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 (Student's signature)