............................................................. Dąbrowa Górnicza, ……………………2025

First name and surname

.............................................................

Address of residence

.............................................................

e-mail

 **Dear Sir**

 **prof. Łukasz Sułkowski**

 **Head of the WSB University Doctoral School**

I kindly request admission to the Doctoral School of the WSB University in the 2025/2026 academic year.

Pursuant to Article 6(1)(a) of Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation) I agree to the processing of my personal data for the purpose of admission to the Doctoral School conducted by WSB University.

……………………………………………

(legible signature)