



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

Name

Surname

I would like to apply for the following studies at Vincent Pol University in Lublin for the academic year 2017/2018 (please, select one):

ENGLISH PHILOLOGY

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)

BEAUTY 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 TOURISM

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

SPORT SCIENCE

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

INTERNATIONAL BUSINESS MANAGEMENT

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

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 give consent for the above data and submitted documents to be used for University purposes, in accordance with the Act of 29 August 1997 on Personal Data Protection (Official Journal of Laws of 1997 no. 133, item 883 as amended)

Authorization to use personal image

I, the undersigned, (a) give consent for my personal image to be used by Vincent Pol University in Lublin for the purpose of marketing activities performed by the University. Written consent involves using, recording, processing and reproducing prepared photographs by means of electronic and print media. This consent is given for an indefinite period of time, free of charge, with no subjective and objective limits.

Date and Candidate's signature

SECONDARY SCHOOL ATTENDED:

SCHOOL NAME			
CITY/TOWN AND COUNTRY			
CERTIFICATE NUMBER		START DATE	END DATE

COLLEGE/UNIVERSITY ATTENDED:

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

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

PERSON CONTACT IN CASE OF AN EMERGENCY

NAME			
RELATIONSHIP	TELEPHONE NUMBER	E-MAIL	
ADDRESS			

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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MAIN SOURCE OF STUDENT'S FAMILY INCOME: (select)

employment contract <input type="checkbox"/>	mandate contract <input type="checkbox"/>	business activity <input type="checkbox"/>	agriculture <input type="checkbox"/>	retirement pension/disability pension <input type="checkbox"/>
others (specify) <input type="checkbox"/>			

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.

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Date and Candidate's signature

I hereby acknowledge the receipt of the following documents

1. A copy of higher studies diploma

Diploma number

dated

2. Secondary school certificate

Certificate number

dated

3.

4.

5.

6.

Date and signature