



# 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 2018/2019 (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 MASTER NONE 

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

WRITING

SPEAKING

**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 SINGLE ROOM DOUBLE ROOM **MAIN SOURCE OF STUDENT'S FAMILY INCOME:** (select)employment contract mandate contract business activity agriculture retirement pension/disability pension others (specify) 

.....

**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 5<sup>th</sup> October and 5<sup>th</sup> 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.

.....  
Date and Candidate's signature

**FOR OFFICE USE ONLY.**

**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*