**APPLICATION FORM – FOUNDATION YEAR**

*/ FORMULARZ REKRUTACYJNY NA KURSY PRZYGOTOWUJĄCE DO PODJĘCIA STUDIÓW W JĘZYKU ANGIELSKIM*

**academic year 2018/2019**

*rok akademicki 2018/2019*

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| 1. **Personal Information:**   *Dane osobowe:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Gender:**  *Płeć:* | * **Female**   *Kobieta* | | | | | | | | | * **Male**   *Mężczyzna* | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Citizenship:**  *Obywatelstwo:* |  | | | | | | | | | | | | | | | | | **Nationality:**  *Narodowość:* | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| **Country Of Birth:**  *Kraj pochodzenia:* |  | | | | | | | | | | | | | | | | | **Country Of Residence:**  *Kraj zamieszkania:* | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| Place Of Birth: *Miejsce urodzenia:* |  | |  |  |  |  | |  |  | |  |  |  |  | | |  | Date Of Birth (dd-mm-yy): *Data urodzenia (dd-mm-rr):* | | | | | | | | | |  | |  | | | - | | |  | | |  | | | - | | |  | |  | |
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| **Last Name/Surname:**  *Nazwisko:* |  | |  |  |  |  | |  |  | |  |  |  |  | | |  |  |  |  |  |  |  |  |  |  |  | |  | |  | | |  | | |  | | |  | | |  | | |  | |  | |
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| **First Name:**  *Pierwsze imię:* |  | |  |  |  |  | |  |  | |  |  |  |  | | |  | **Second Name:**  *Drugie imię:* | | | | | | |  |  |  | |  | |  | | |  | | |  | | |  | | |  | | |  | |  | |
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| **Family Name:**  *Nazwisko rodowe:* |  | |  |  |  |  | |  |  | |  |  |  |  | | |  |  |  |  |  |  |  |  |  |  |  | |  | |  | | |  | | |  | | |  | | |  | | |  | |  | |
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| **Father’s Name:**  *Imię ojca:* |  | |  |  |  |  | |  |  | |  |  |  |  | | |  |  |  |  |  |  |  |  |  |  |  | |  | |  | | |  | | |  | | |  | | |  | | |  | |  | |
| **Mother’s Name:**  *Imię matki:* |  | |  |  |  |  | |  |  | |  |  |  |  | | |  |  |  |  |  |  |  |  |  |  |  | |  | |  | | |  | | |  | | |  | | |  | | |  | |  | |
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| **Mother’s Maiden Name:** /*NAZWISKO panieńskie matki:* |  | |  |  |  |  | |  |  | |  |  |  |  | | |  |  |  |  |  |  |  |  |  |  |  | |  | |  | | |  | | |  | | |  | | |  | | |  | |  | |
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| **Passport Number:**  *Numer paszportu:* |  | |  |  |  |  | |  |  | |  |  |  |  | | |  | **Date Of Issue (dd-mm-yy):**  *Data wydania (dd-mm-rr):* | | | | | | | | | |  | |  | | | - | | |  | | |  | | | - | | |  | |  | |
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| **Issued By (Institution):**  *Organ wydający:* | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **B. Permanent Home Address:**  *Adres zamieszkania:* | |  | **C. Correspondence Address:** *section to be completed only if the permanent* address *is different from the current residential address/Adres Korespondencyjny (wypełnić w przypadku, gdy jest inny niż adres zamieszkania)*  *Adres korespondencyjny:* | |
| **Country:**  *Kraj:* |  |  | **Country:**  *Kraj:* |  |
| **Region/State:**  *Region:* |  |  | **Region/State:**  *Region:* |  |
| **zip/post code:**  *Kod pocztowy:* |  |  | **zip/post code:**  *Kod pocztowy:* |  |
| **Post office:**  *Poczta:* |  |  | **Post office:**  *Poczta:* |  |
| **City/town:**  *Miejscowość:* |  |  | **City/town:**  *Miejscowość:* |  |
| **Street:**  *Ulica:* |  |  | **Street:**  *Ulica:* |  |
| **Building and Apartment №:**  *Numer domu i mieszkania:* |  |  | **Building and Apartment №:**  *Numer domu i mieszkania:* |  |
| **Telephone number:**  *Numer telefonu:* |  |  | **Telephone number:**  *Numer telefonu:* |  |
| **E-Mail address:**  *Adres e-mail:* |  |  | **E-Mail address:**  *Adres e-mail:* |  |
| **D. area of residence:**  *Miejsce zamieszkania:* | ❑ **City/Town** /*Miasto* ❑ **Rural Area** /*Obszar Wiejski* | | | |

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| **E. HEALTH**  *Informacja medyczna:* | | | | |
| **Do you have any medical conditions we should be aware of:**  *Czy ma Pan/I jakieś dolegliwości zdrowotne, o których powinniśmy wiedzieć:* | | * **No**   *Nie* | * **Yes**   *Tak* | |
| If yes, please list them *(Jeśli tak, proszę wpisać)* :  ……………………………………………………………………………………………………………………………………………………...  ……………………………………………………………………………………………………………………………………………………... | | | | |
| **Do you have international health insurance ( highly recommended):**  *Czy ma Pan/I międzynarodowe ubezpieczenie zdrowotne (jest wysoko rekomendowane):* | * **No**   *Nie* | | | * **Yes**   *Tak* |

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| **F. Person to Contact in Case of Emergency:**  *Osoba kontaktowa w razie wypadku:* | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:**  *Imię i nazwisko:* | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **degree of Relationship:**  *Stopień pokrewieństwa:* | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Address:**  *Adres:* | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Phone number:**  *Numer telefonu:* | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Email address:**  *Adres e-mail:* | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **G. Entry Qualification:**  *Kwalifikacje wstępne:*  *\\* | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Last Secondary School you graduated from:** / *Ostatnia ukończona szkoła średnia:* | | | | | | | | | | | | | | | | | | | | | | | | | |
| **School Name:**  *Nazwa szkoły:* |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **City/Town and Country:**  *Miejscowość i kraj:* |  | | | | **Street, Zip/post Code:**  *Ulica, Kod Pocztowy:* | |  | | | | | | | | | | | | | | | | | | |
| **Dates Attended:**  *Lata uczęszczania:* |  | | | | **Year of Graduation:**  *Rok ukończenia:* | |  | | | | | | | | | | | | | | | | | | |
| **High School Diploma No.:**  *Numer Swiadectwa Dojrzałości:* |  | | | | **Diploma Issue Date:** *data wystawienia świadectwa:* | |  | |  | | **-** | |  | |  | | **-** | |  | |  | |  | |  |
| **Language of Instruction:**  *Język Wykładowy:* |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Total number of years of formal education  (primary, secondary and higher secondary school)** |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **H. Card of the Pole / Permanent Residence Card** *(only for foreigners)****\**** Karta Polaka lub Karta Stałego Pobytu*(wypełniają TYLKO obcokrajowcy)\** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Do You possess a Card Of The Pole?** *Czy Posiadasz Kartę Polaka?* | * **No**   *Nie* | | * **Yes**   *Tak* | **Do You possess a Permanent Residence Card?** *Czy Posiadasz Kartę Stałego Pobytu?* | | | | | | * **No**   *Nie* | | | | | | | | * **Yes**   *Tak* | | | | | | | |
| **Card No.:** / *Numer Karty:* |  | | | **Date of Issue:** /*Data Wydania Karty:* | |  | |  | | **-** | |  | |  | | **-** | |  | |  | |  | |  | |
| **Country of Issue:** *kraj wydania karty:* |  | | | **Issued by (institution)** *Organ Wyd. Kartę:* | | | |  | | | | | | | | | | | | | | | | | |

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| **I. Language proficiency***/ Umiejętności językowe*  (*Self-declaration of language fluency; out a tick in one of the boxes below): / (Proszę określić stopień zaawansowania języka obcego zaznaczając właściwe pole):* | | | | | | |
|  | **Proficienct**  */Biegły* | **Advanced** */Zaawansowany* | **Upper-intermediate**  */Średniozaaw. wyższy* | **Intermediate**  */Średniozaawansowany* | **Pre-intermediate**  */Średniozaaw. niższy* | **Elementary**  */Podstawowy* |
| **English** */ Anglielski* |  |  |  |  |  |  |
| **Polish** */ Polski* |  |  |  |  |  |  |
| **Other (which?)** */ Inne/(jakie?)* **:**  **………………………………..**  **…………………………….…..** |  |  |  |  |  |  |

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| **Miscellaneous** | | |
| **K. Do You practice any Sport?**  *CZY TRENEROWAŁ/A PAN/I DYSCYPLINY SPORTOWE?* | * **No**   *Nie* | * **Yes**   *Tak* |
| **If so, please specify**  *JEŚLI TAK, TO JAKIE?* |  | |
| **L. Other hobbies (e.g. dancing, photography, travelling )**  *DODATKOWE UMIEJĘTNOŚCI (np. Taniec, Fotografia, Podróże)* |  | |
| **list of Attached Documents** */ załączone dokumenty:*   1. **cover letter addressed to the Vice President for International Relations including justification FOR CHOOSING of a FOUNDATION YEAR** */ List motywacyjny skierowany do wiceprezydenta ds. Współpracy Międzynarodowej z uzasadnieniem wyboru kursu przygotowawczego* 2. **Curriculum Vitae in English signed by the candidate** */ CV w języku angielskim podpisane przez kandydata* 3. **Higher secondary School diploma including a marksheet (original copy and sworn translation into English or Polish) with Apostille or legalized by the Polish Embassy** / *świadectwo ukończenia szkoły średniej wraz z wykazem ocen i przedmiotów**(oryginał z tłumaczeniem przysięgłym na język angielski lub polski) opatrzony apostille lub zalegalizowany w ambasadzie RP* 4. **Notary attested eligibility certificate in which it is stated that candidate has the right to apply for admission to any tertiary institution in the country under which educational system his/her high school Diploma was issued**/ *potwierdzenie z uczelni o tym, że uzyskany Dyplom ukończenia szkoły uprawnia do podjęcia studiów w kraju jego wydania* 5. **Confirmation of Educational Qualifications (for nostrification procedure)** */potwierdzenie kwalifikacji zawodowych (dla procedury nostryfikacji)* 6. **Copy of passport (photo and personal data section)** */* [*kserokopia paszportu*](http://www.rekrutacja.uj.edu.pl/pl_PL/cudzoziemcy/wymagane-dokumenty/2S#opis_paszport) *(strony ze zdjęciem)* 7. **Health certificate including a clause that the candidate is in good health and is capable of commencing education** */ Zaświadczenie lekarskie, o dobrym stanie zdrowia kandydata i braku przeciwwskazań do podjęcia nauki* 8. **1 Photograph** / *1 Fotografia* 9. **Birth Certificate (original copy and sworn translation into English or Polish)** */ Akt urodzenia**(oryginał z tłumaczeniem przysięgłym na język angielski lub polski)* | **I AGREE TO PROCESS MY PERSONAL DATA AND INSERT THEM INTO THE UITM DATABASE FOR THE PURPOSES OF THE UNIVERSITY AND UITM GRADUATES CLUB. I ALSO AGREE TO RECEIVE LETTERS, NOTICES AND APPLICATIONS BY VIRTUAL UNIVERSITY OR BY UNIVERSITY EMAIL SERVICE, EXCLUDING REMOVAL FROM THE COURSE PARTICIPANT REGISTER** */ ZGADZAM SIĘ NA WPROWADZANIE DO BAZY I PRZETWARZANIE MOICH DANYCH OSOBOWYCH NA POTRZEBY WSIiZ I KLUBU ABSOLWENTA ORAZ WYRAŻAM ZGODĘ NA DORĘCZENIE PISM, WNIOSKÓW I POWIADOMIEŃ ZA POMOCĄ WIRTUALNEJ UCZELNI ORAZ ZA POMOCĄ UCZELNIANEJ POCZTY ELEKTRONICZNEJ, ZA WYJĄTKIEM DECYZJI O SKREŚLENIU Z LISTY KURSANTÓW*  \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  **CANDIDATE’S SIGNATURE** / *PODPIS KANDYDATA* | |