

APPLICATION
to the Rector
of the Medical University of Silesia in Katowice

Please accept my request for admission to the English language *pharmacy* program at the School of Pharmacy with the Division of Laboratory Medicine in Sosnowiec, Medical University of Silesia in Katowice in the winter semester of the academic year 2017/2018.

Last name.....

First and/or middle names.....

Date of birth (dd/mm/yyyy)..... Place of birth.....

Passport number..... SSN.....

Citizenship..... Nationality.....

Marital status.....

Father's name Mother's name

Permanent mailing address:

country city.....

street..... zip code.....

cell phone number..... e-mail

Temporary mailing address:

country city.....

street..... zip code.....

Source of income: *

self-supporting / financial aid / dependent on parents / other (specify)

High School attended:

name of High School.....

country / city.....

date of graduation (dd/mm/yyyy)

* please circle one option

I enclose the following documents to this Application:

No	Name of item	Please mark with "X"
1.	original or notarized copy of high school diploma	
2.	original copy of high school transcript	
3.	application form	
4.	xerox copy of an identification document certified for compliance with the original document	
5.	3 photos	
6.	xerox copy of birth certificate	
7.	health certificate confirming no objections to take up studies in the field of pharmacy	
8.	certificate documenting English language fluency level (for Candidates from countries with a native language other than English)	
9.	receipt of registration fee payment	
10.		

I submit my application*

- directly to the Dean's Office as an individual candidate..... YES..... NO.....
- through the Recruiting Agency named:

I will sit for the admission examination on*:

September 15, 2017/ September 22, 2017

During the examination I would like to be evaluated in the following fields of study*:

biology and chemistry / biology and physics / chemistry and physics

I hereby confirm that:

- the data stated above is correct,
- I have read and understood both Study Regulations and Payment Regulations adopted by the Senate of the Medical University of Silesia in Katowice,
- **I am going to pay tuition fee in USD / EURO ***

I consent to the processing of my personal data included in his Application for the needs of the study process at the Medical University of Silesia in Katowice (in accordance with the Act of Personal Data Protection of August 29, 1997, Journal of Laws No 101 of year 2002, item 926 with further amendments).

Date

Signature

* please circle one option