

Date:

Application No:

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Candidate's last and first name:

Field of study

Medical University of Silesia in Katowice
 Head of the University Admission Committee

.....

(name and title)

APPLICATION FORM
 for admission to 1st year

in the academic year / semester***

study program: International European

Personal data:

Last name*:	
First name*:	
Middle name*:	
Name and number of ID document and name of issuing country	
Sex*:	
Date and place of birth*:	
Citizenship*:	
Pole's Card*	YES / NO**
Father's name:	
Mother's name:	

Permanent residency address:

Street*:	
ZIP code*:	
City*:	
Country*:	

Mailing address:

Street*:	
ZIP code*:	
City*:	
Country *:	
Phone number:	
Mobile*:	
E-mail address:	
Skype ID	

Languages fluency: none poor good fluent

Polish:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
German:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Russian:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

High School attended:

Name of school:

City:

Country:

Year of graduation:

Following documents are enclosed to this Application:

- 1) original or notarized copy of high school diploma,
- 2) application form (sample approved by the University),
- 3) identification document (to be presented for verification),
- 4) 3 photos – required ID or passport photos, with candidate’s name and surname signed on the back of the photo,
- 5) certificate documenting English language fluency level specified in § 3 item 7,
- 6) receipt of registration fee payment,
- 7) health certificate confirming no objections to take up studies in respective fields – applies to candidates who were successfully admitted to the study program by the University Admission Committee,
- 8) original or notarized copy of college diploma (applies to candidates who apply for graduate programs),
- 9) Apostille – in case when the document specified in item 1 or 8 was issued by an institution operating in the educational system of a Hague Convention Contracting country, as of October 5th, 1961, which waives the requirement of legalization of foreign government documents,
- 10) certificate issued by the Superintendent of Education stating an approval of high school certificate or diploma specified in item 1 or 8 – in case of documents not recognized in Poland by operation of law, issued in a country with which Republic of Poland did not sign a mutual educational document recognition contract, or a document from a country with which Poland has the above-mentioned contract but the document is not covered in it.

I submit my Application:

directly to the University as an individual candidate

through the recruiting agency named

(name of recruiting agency)

I hereby confirm the currency in which my tuition will be paid:

USD *EURO* *PLN*

I agree that all data submitted with the Application Form may be fully processed for statistical purpose and available on an anonymous basis.

By signing below, I certify that all information is true.

.....

(readable signature)

* mandatory fields

** delete where inapplicable

*** fulfil only candidates for medical program

Statements

1. I am aware of my responsibility for providing false information and therefore I declare with my signature that data stated in the Application form are true.
2. I declare that I have read and understood terms and procedures of admission resolved by the Senate, binding in the academic year (Resolution Noof the Senate of the Medical University of Silesia of) and I undertake to comply with the rules.
3. I accept below stated information arising from the information obligation according to Art. 13 of GDPR Regulation¹:
 - 1) The Personal Data Controller is Medical University of Silesia in Katowice, 15 Poniatowskiego Street, 40-055 Katowice, tel.32 208 3600, NIP: 634-000-53-01, REGON: 000289035.
 - 2) Current contact details to Data Protection Officer are available under telephone number 32 208 36 00 or on the website www.sum.edu.pl or www.iod.sum.edu.pl.
 - 3) Your personal data are processed for the purpose of recruitment and study process based on the Act of Higher Education and Science of July 20, 2018 and on the grounds of consent given in the field beyond the requirements of the Act, based on Art. 6 (1)(a) and (c) of GDPR.
 - 4) Recipients of your personal data will be employees of the Medical University of Silesia in Katowice who are entitled to process personal data. Recipients of your personal data may also be partners of SUM who provides their services particularly in the area of study process for the Medical University of Silesia or other public authorities which make legally justified request for access to personal data.
 - 5) Data will be kept in accordance with the principle of minimisation and adequacy for a period to be determined on the basis of generally applicable legislation in particular:
 - 5.1. Regulation of the Minister of Science and Higher Education of 27 September 2018 on studies.
 - 5.2. the Act of 14 July 1983 on National Archival Resources and Archives.
 - 6) You have the right to demand that the Medical University of Silesia give you an access to your personal data, rectify it, delete or limit processing, as well as the right to object to the processing and right to transfer personal data.
 - 7) You have the right to lodge a complaint with a supervisory authority about processing of personal data.
 - 8) Providing personal data on the base of the Regulation of the Minister of Science and Higher Education of 27 September 2018 with further amendments on studies is obligatory, but necessary in recruitment and study process. The consequence of not providing personal data will be the exclusion of the candidate from the recruitment process.
 - 9) Your personal data is not subject to automated decision making.

I hereby declare that above given essence of the information obligation according to the Art. 13 of GDPR Regulations is fully comprehensible to me.

.....

(readable signature)

¹ GDPR- 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)