Studium Kultury i Języka Polskiego dla Obcokrajowców, Uniwersytet Mikołaja Kopernika w Toruniu *Centre of Polish Language and Culture for Foreigners, Nicolaus Copernicus University* ul. Fosa Staromiejska 3, 87-100 Toruń, Poland, skjpo@umk.pl

APPLICATION FORM – POLISH COURSES (please fill in capital letters)

FIRST NAME:			SURNAME:			
DATE OF BIRTH:			PLACE OF BIRTH:			
SEX: MALE \square FEMALE \square			FATHER'S NAME:			
CITIZENSHIP:			MOTHER'S NAME:			
PASSPORT NUMBER: PASSPORT DATE OF IS			SUE: PASSPORT EXPIRY DATE:			
EDUCATION						
Secondary (name of school)						
University degree (name of s	chool					
faculty)						
PERMANENT ADDRESS						
COUNTRY:			CITY/TOWN:			
STREET:			HOUSE NUMBER: POSTAL CODE:			
E-MAIL ADRRESS:			TELEPHONE/FAX NUMBER			
SPOKEN LANGUAGES:						
I WOULD LIKE TO TAKE PART IN:						
One-year course 2024/2025 -						
Autumn semester course – 4 hours per week (October 1, 2024 – January 31, 2025)						
Spring semester course – 4 hours per week (March 1, 2025 – June 30, 2025)						
I CONSIDER MY LEVEL OF POLISH TO BE						
BEGINNER □	INTERMEDIATE				ADVANCED □	
I declare that I agree to the processing of my personal data for the purpose and in the scope necessary to participate in the recruitment process for courses and trainings organised by Nicolaus Copernicus University in Toruń. Giving consent is optional, but lack of consent means that I cannot participate in the recruitment process for courses and trainings organised by Nicolaus Copernicus University in Toruń. Permission may be withdrawn at any time, but this does not affect the lawfulness of processing carried out on the basis of consent before its withdrawal. I understand the rules of participation in the course. There are no medical precautions to my participation.						
DATE:	SIGNATURE:					