

PESEL number

RECTOR
University of Gdańsk
in Gdańsk

APPLICATION

Please accept my application for postgraduate (non-degree) studies
(name of studies)
conducted in the Faculty of in the extramural / e-learning system**
.....

CANDIDATE

1. Surname
Name.....
2. Date and place of birth: day month year
in
3. Parents' names:
4. Birth name:
5. Permanent address:
Country..... Postal code City
- Street House number
- (if resident in Poland) *woj.* *powiat* *gmina*
- Telephone e-mail:
6. Correspondence address (if different than permanent address): Postal code City
.....
Street House number.....
(if resident in Poland) *woj.*
- Telephone e-mail:
7. Citizenship
8. Identification document series and number
issued by.....
9. Tertiary education completed
place year of graduation.....
Faculty field..... specialization.....
Title..... grade on diploma

(place)....., (date)

My signature below confirms the truthfulness of the
information provided in this application

.....
/candidate signature/

The documents listed are included with my application:

No.	List of recruitment documents	Candidate confirms return of documents
1.		
2.		
3.	
4.		(date and signature)
5.		

Statement

I consent to the University of Gdańsk processing my personal data as required for recruitment and the organization of postgraduate (non-degree) studies, in accordance with the act of August 29, 1997 on the protection of personal data (Journal of Laws of 2002, No. 101, position 926 and subsequent amendments).

.....
(candidate signature)