

Photo

Medical University of Warsaw
IIND FACULTY OF MEDICINE - ENGLISH DIVISION
61 Żwirki i Wigury St.,
02-091 Warszawa
Poland

APPLICATION

I wish to enroll as a student of the 2nd Faculty of Medicine at the Medical University of Warsaw, into the English speaking program for foreign students. I agree to abide by the curriculum regulations and to make the necessary regular payments of the university fees.

Date.....

Signature.....

APPLICATION FORM

6-year program, 4-year program, transfer*
(cross out if not applicable)

Please complete this application in BLOCK CAPITALS

1. BIOGRAPHICAL INFORMATION

Title: Mr/Ms/Miss/Mrs etc:

Surname/Family name..... First names.....
Maiden name.....

Date of birthyear,.....month,.....day
Place of birth.....country.....

Citizenship.....

Permanent address.....
.....country.....

Correspondence/Mailing address.....
.....country.....

Fax no..... Tel no..... E-mail:.....

2. FAMILY CONTACT

Parents' (or guardians) data: names, addresses, tel, fax, e-mail:

a) father.....
b) mother.....

Family in Poland: name, address, tel.
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3. EDUCATION

High school.....
name of school place date: from-to certificate

Other courses.....
university place date: from-to certificate

English Language Proficiency (proof of proficiency).....

Other information essential for recruitment.....
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4. PREVIOUS STUDY at the Medical University of Warsaw:

Have you previously studied at the Medical University of Warsaw? If YES please state your old Student ID Number

5. SOURCE OF FINANCIAL SUPPORT

- Personal savings of family support
- Private sponsor (please specify).....
- Government agency, employer, etc. (please specify).....

6. SOURCE OF INFORMATION about study at the Medical University of Warsaw

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DECLARATION

- I realize that the studies at the IInd Faculty of Medicine – English Division at the Medical University of Warsaw is only available for NON-POLISH CITIZENS, AT THEIR OWN EXPENSE
- I understand that, if admitted to the Medical University of Warsaw, my funds at any time during my course prove to be inadequate, the Medical University of Warsaw will not be able to provide any financial assistance either by grant or remission fees.
- I confirm that the information given on this form is correct and complete.

Signature of Applicant:.....Date:.....