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**UNIVERSITY OF APPLIED SCIENCES IN NYSA, POLAND**

**APPLICATION FORM**

**Summer Polish Language Course for Foreigners 2014**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Main course | Yes: | No: | Extra module | Yes: | No: |

**PERSONAL DATA:**

|  |  |
| --- | --- |
| Surname:  | Name: |
| Home address:  |
| Telephone:  | Fax: (optional) |
| E-mail:  |
| Date of birth:  | Place of birth: |
| Sex: | Nationality: |
| Native language:  | Other languages: |

**EMERGENCY CONTACT:**

|  |  |
| --- | --- |
| Surname:  | Name: |
| Home address:  |
| Telephone:  | Fax: (optional) |
| E-mail:  | Relationship: |

**SENDING INSTITUTION:**

|  |
| --- |
| Name of the Institution:  |
| Address:  |
| Contact person:  | E-mail: |
| Telephone:  | Fax: (optional) |
| Signature of responsible person | Stamp  |

**ACCOMODATION:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Accommodation in students dormitory:  | Yes:  |  | No: |  |
| Arrival date:  | Departure date: |

I hereby declare my willingness to participate in the Summer Polish Language Course for Foreigners which takes place on 01.09 – 19.09.2014 and that I will pay total amount for the participation.

*Please send back the application form by e-mail to the International Cooperation Office (**bwm@pwsz.nysa.pl**) till* ***15.08.2014*** *(handwritten application forms not accepted)*

 International Cooperation Office

 University of Applies Sciences in Nysa

ul. Chodowieckiego 4

48- 300 Nysa, Poland

Signature of the participant………………………

 + 48 77 409 08 56

bwm@pwsz.nysa.pl

[www.bwm.pwsz.nysa.pl](http://www.bwm.pwsz.nysa.pl)