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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*](mailto: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](mailto:bwm@pwsz.nysa.pl)

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