APPLICATION FORM 2023/24

Jagiellonian University in Kraków
Institute of Polish Language and Culture for Foreigners

fair

poor

none

good excellent

PROGRAM 1																			
☐ One-Year I	_		_	_				. ,			_	- ·							
☐ One-Semester Program in Polish Language and Culture starting: ☐ October ☐ February ☐ Preparatory Program for Studying in Poland ☐ One-Year ☐ One-Semester																			
Participan												e Poli	ish lar	nguage	e of at	least	B1 le	vel.	
PREFERRED	ACCOMM	ODATI	ON																
☐ "Bydgoska	" Student	Dormit	ory	□ "P	Piast" S	tudent D	ormito	ry 🗆 "	Zacze	k" Stu	dent [ormit	ory						
Please print																			
1. Last name																			
2. First name																Se	x:		
3. Date and p	lace of bir	th																	
day				month				year				country							
4. Country of	citizenshi	p																	
4. Country of citizenship																			
			Passp	ort															
Series and	number:																		
Expiration	date:																		
Carrature																			
Country of	issue:		•••	•••••		•••••		•••••	•••••	•••••									
6. Permanent address including zip code:																			
7. Mailing ad	dress inclu	uding zi	ip code	e:															
			·																
E-mail add	ress (in ac	tual us	e)																
8. Occupation	n and educ	ationa	l backg	groun	nd														
a. Your Hig	h School D	iploma	a: Year	-															
b. If you are	e currently	ı a stur	lent w	vhat «	school	do vou at	tend?												
b. ii you ur	content	y a stat	aciic, vi	viiacs	School	ao you at	iciia.												
Name of	f your scho	ool																	
Year you	ı are in no	w																	
9. Rate your knowledge of the Polish language:																			
oral																			
	none	poo		fair □	good	excelle	ent												
written	\Box	\Box		\Box	\Box	\Box													

1	 Please give the names and addresses of relatives or feedergency: 	riends who may be con	ntacted in case of an	
	In your home country	In Poland		
11	. How did you learn about our program?			
		STATEMENTS		
	I hereby certify that all the information provided by me in the	nis Application Form is co	rrect, accurate and complete to the best of my	knowledge
	Signature:		Date	
	95,000			
	I hereby certify that my health allows me to participate in th	no Dolich Languago and Cu	ultura Pragram. Lam reconnecible for my own in	curanco
	against any accidents, disease, and random incidents.	ie Folisii Laliguage aliu Ct	uiture Program. Pam responsible for my own ins	surance
	Signature:		Date	