## JAGIELLONIAN UNIVERSITY IN KRAKOW CENTRE FOR EUROPEAN STUDIES

## Application to Register as a Year/Semester Abroad Student

Surname (last name):	
Given (first) name:	Second (middle) name:
Father's first name:	Mother's first name:
	Place of Birth (city/country):
Citizenship:	
	Date of issue: (day) (month) (year)
Place of issue:	Issuing agency:
Home University:	Major of Study:
Home University office to which transcripts should	d be sent:
Programme: Year Abroad (Septer	mber– June)
Semester Abroad (S	September – December)
Semester Abroad (F	February – June)
Academic Year of Entry:	
Permanent Address:	Temporary Address (if applicable) for correspondence Between the following dates from: until:
	_
Postcode:	
Telephone:	1 0010000.
E-mail:	
Fax:	
Country of Permanent Residence:	
Reasons for wanting to undertake study abroad at the	e Centre for European Studies (you may use additional sheets):
,	

Language instruction
Students usually complete at least one language course per semester. Level of proficiency will be assessed at the start of the semester by the instructor. Please state which of the language courses you plan to take.
Absolute Beginners Beginners Intermediate Advanced Polish language Russian language German language French language
Have you ever been convicted of a criminal offence (other than a driving offence)?  No Yes (please specify)
Please give details of how you found out about the year abroad programme for which you are applying:  Website/Internet Polish Embassy Visited the University Scholarship/Grant Institution Prospectus Poster Colleague/friend Professor/Academic Adviser Advertisement Other (please state)  Housing: All undergraduate Study Abroad students will be housed in the University halls of residence unless they choose otherwise.
Please do not forget to send this application form together with your <b>letter of support from your home university CV (résumé), transcript, 2 passport photographs and a copy of the photo page from your passport</b> . If you would like any other materials or documents to be considered in support of your application please enclose them.
PAYMENT OF FEES
By bank transfer to: Acc. Name: Uniwersytet Jagielloński,WYDZ.ST.MIEDZYN.I POL. Acc. No: PL 81 0301 5080 0000 0050 2167 111 At: Bank Handlowy w Warszawie S.A. Address: ul. Senatorska 16, 00-923 Warszawa Swift Code CITIPLPX Title: Centre for European Studies - SA fees for (name of student)
Please fax or send a copy of the receipt for the transfer to the CES office. Please remember to state clearly on all bank transfers the name of the student in whose name the money is being paid.
The Centre for European Studies at the Jagiellonian University does not discriminate on the basis of age, gender, sexual orientation, race, national or ethnic origin, religion or political convictions.
All information on this application and appended thereto is protected by Polish data protection laws. I understand that it will not be released to any other parties than the staff and faculty of the Jagiellonian University, and consent to its use for the purposes of selection and administration of the study programme. All materials submitted with this application may be disclosed to the applicant on demand.
All information supplied by me on this application is, to the best of my knowledge, true and complete. I understand that misrepresentation is sufficient reason for denial of admission and may be considered grounds for terminating student status if such a misrepresentation is discovered at a later date. Unsigned applications will not be considered.
SIGNATURE DATE
Please return to: Centre for European Studies, Study Abroad Programme, Jagiellonian University, ul. Garbarska 7a, 31-131 Kraków, Poland. Tel: +48 (12) 429-6195 Tel/Fax: +48 (12) 429-6195  ces.office@ uj.edu.pl





www.ces.uj.edu.pl

QVAM VIS