

Studium Kultury i Języka Polskiego dla Obcokrajowców, Uniwersytet Mikołaja Kopernika w Toruniu
Centre of Polish Language and Culture for Foreigners, Nicolaus Copernicus University
 ul. Fosa Staromiejska 3, 87-100 Toruń, Poland, skjpo@umk.pl

APPLICATION FORM – POLISH COURSES (please fill in capital letters)

FIRST NAME:		SURNAME:	
DATE OF BIRTH:		PLACE OF BIRTH:	
SEX: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		FATHER'S NAME:	
CITIZENSHIP:		MOTHER'S NAME:	
PASSPORT NUMBER:	PASSPORT DATE OF ISSUE:	PASSPORT EXPIRY DATE:	
EDUCATION			
Secondary (name of school)			
University degree (name of school, faculty)			
PERMANENT ADDRESS			
COUNTRY:		CITY/TOWN:	
STREET:		HOUSE NUMBER:	POSTAL CODE:
E-MAIL ADDRESS:		TELEPHONE/FAX NUMBER	
SPOKEN LANGUAGES:			
I WOULD LIKE TO TAKE PART IN:			
One-year course 2023/2024 – 30 hours per week (October 1, 2023 – June 30, 2024)			<input type="checkbox"/>
Autumn semester course – 4 hours per week (October 1, 2023 – February 5, 2024)			<input type="checkbox"/>
Spring semester course – 4 hours per week (February 20, 2024 – June 30, 2024)			<input type="checkbox"/>
I CONSIDER MY LEVEL OF POLISH TO BE			
BEGINNER <input type="checkbox"/>	INTERMEDIATE <input type="checkbox"/>	ADVANCED <input type="checkbox"/>	
I understand the rules of participation in the course. There are no medical precautions to my participation.			
DATE:		SIGNATURE:	