Studium Kultury i Języka Polskiego dla Obcokrajowców, Uniwersytet Mikołaja Kopernika *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:	SURNAM	SURNAME:					
DATE OF BIRTH:	PLACE O	PLACE OF BIRTH:					
SEX: MALE	MALE \Box FEMALE \Box			FATHER'S NAME:			
CITIZENSHIP:			MOTHER'S NAME:				
PASSPORT NUMBER:	PASSPOR	RT DATE C	OF ISSUE:	SSUE: PASSPORT EXPIRY DATE:			
EDUCATION							
Secondary (name of school)							
University degree (name of s	chool,						
faculty)							
PERMANENT ADDRESS							
COUNTRY:			CITY/TOWN:				
STREET:			HOUSE NUM	DUSE NUMBER: POSTAL CODE:			
E-MAIL ADRRESS:			TELEPHONE/FAX NUMBER				
SPOKEN LANGUAGES:							
I WOULD LIKE TO TAKE PART IN:							
2-week summer course (July)						
RESERVATION OF ACCO	OMMODA	TION	YES 🗆		NO 🗆		
SINGLE ROOM \Box DOUBLE ROOM \Box							
Please, indicate the exact date of your arrival in Toruń:							
MEALS			YES 🗆				
CULTURAL PROGRAMME			YES 🗆				
I CONSIDER MY LEVEL OF POLISH TO BE							
BEGINNER 🗆	INT	ATE 🗆	ADVANCED				
I understand the rules of participation in the course. There are no medical precautions to my							
participation. DATE:		SIGNATURE:					