Studium Kultury i Języka Polskiego dla Obcokrajowców, Uniwersytet Mikołaja Kopernika
Centre of Polish Language and Culture for Foreigners, Nicolaus Copernicus University
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APPLICATION FORM – POLISH COURSES (please fill in capital letters)

FIRST NAME:		SURNAME:
DATE OF BIRTH:		PLACE OF BIRTH:
SEX: MALE ☐ FEMALE ☐		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 ADRRESS:	TELEPHONE/FAX NUMBER	
SPOKEN LANGUAGES:		
I WOULD LIKE TO TAKE PART IN:		
2-week summer course (July 8th – July 21st, 2026)		☐
RESERVATION OF ACCOMMODATION	**YES ☐**	**NO ☐**
Please, indicate the exact date of your arrival in Toruń:		
MEALS	**YES ☐**	**NO ☐**
I CONSIDER MY LEVEL OF POLISH TO BE		
BEGINNER ☐	INTERMEDIATE ☐	ADVANCED ☐
I understand the rules of participation in the course. There are no medical precautions to my participation. DATE:		SIGNATURE: