

Centre of Polish Language and Culture for Foreigners, Nicolaus Copernicus University
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APPLICATION FORM

SUMMER COPERNICAN COURSE OF POLISH LANGUAGE AND CULTURE

July 18-31, 2023

FIRST NAME:		SURNAME:	
DATE OF BIRTH:		PLACE OF BIRTH:	
CITIZENSHIP:		SEX:	
E-MAIL:		PHONE NUMBER:	
PASSPORT NUMBER:	PASSPORT DATE OF ISSUE:	PASSPORT DATE OF ISSUE:	
I AM A UNIVERSITY STUDENT <input type="checkbox"/>		I AM A UNIVERSITY EMPLOYEE <input type="checkbox"/>	
NAME OF UNIVERSITY		NAME OF UNIVERSITY	
DEPARTMENT		DEPARTMENT	
FIELD AND YEAR OF STUDY		POSITION	
ADDRESS			
COUNTRY:		CITY/TOWN:	
STREET:		HOUSE NUMBER:	POSTAL CODE:
I CONSIDER MY LEVEL OF POLISH TO BE			
BEGINNER <input type="checkbox"/>	INTERMEDIATE <input type="checkbox"/>	ADVANCED <input type="checkbox"/>	
KNOWLEDGE OF OTHER LANGUAGES:			
I DECLARE THAT APPLYING FOR THE COURSE IN TORUN IS MY FIRST CHOICE (I CARE MOST ABOUT THE COURSE IN TORUN):			
YES <input type="checkbox"/>		NO <input type="checkbox"/>	
FOR THE NAWA 2023 SUMMER COURSE I ALSO REGISTER TO (PLEASE STATE CITY):			
I CONFIRM MY PARTICIPATION IN NAWA SUMMER OR WINTER COURSES IN THE PAST YEARS			
YES <input type="checkbox"/>		NO <input type="checkbox"/>	
CONFIRM THAT I AM NOT CURRENTLY LIVING, STUDYING OR WORKING IN POLAND <input type="checkbox"/>			
MEALS	MEAT <input type="checkbox"/>	VEGETARIAN <input type="checkbox"/>	

CANDIDATE STATEMENTS:	
I declare that I will have valid health insurance for the duration of the course (insurance is obligatory).	
I declare that I consent to the processing of my personal data for the purpose and in the scope necessary for me to participate in the recruitment process for courses and trainings conducted by Nicolaus Copernicus University in Toruń and Polish National Agency for Academic Exchange (NAWA). Giving consent is voluntary, but lack of consent means that I cannot participate in the recruitment process for classes organised as part of the Summer Copernican Course in Polish Language and Culture. Consent can be withdrawn at any time, but this does not affect the legality of the processing carried out on the basis of consent before its withdrawal.	
I declare that I am familiar with the rules of participation in Polish language courses and that my health condition allows me to undertake the study.	
DATE:	SIGNATURE:

IMPORTANT!

Together with the application form, please also send an opinion/reference letter from your home university, including the name of the university, name and e-mail of the author of the opinion/reference letter, signature.