

**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:	
<b>EDUCATION</b>			
Secondary (name of school)			
University degree (name of school, faculty)			
<b>PERMANENT ADDRESS</b>			
COUNTRY:		CITY/TOWN:	
STREET:		HOUSE NUMBER:	POSTAL CODE:
E-MAIL ADDRESS:		TELEPHONE/FAX NUMBER	
<b>SPOKEN LANGUAGES:</b>			
<b>I WOULD LIKE TO TAKE PART IN:</b>			
2-week summer course (July 18th – July 31st, 2023)			<input type="checkbox"/>
<b>RESERVATION OF ACCOMMODATION</b> YES <input type="checkbox"/> NO <input type="checkbox"/>			
SINGLE ROOM <input type="checkbox"/> DOUBLE ROOM <input type="checkbox"/>			
<b>Please, indicate the exact date of your arrival in Toruń:</b>			
<b>MEALS</b> YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>CULTURAL PROGRAMME</b> YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>I CONSIDER MY LEVEL OF POLISH TO BE</b>			
BEGINNER <input type="checkbox"/>	INTERMEDIATE <input type="checkbox"/>		ADVANCED <input type="checkbox"/>
<b>I understand the rules of participation in the course. There are no medical precautions to my participation.</b>			
DATE:		SIGNATURE:	