**HIS MAGNIFICENCE RECTOR**

**of the University of Gdańsk**

**in Gdańsk**

**APPLICATION**

I hereby apply to be admitted to ...............................................................................................................................................................

*(name of postgraduate studies)*

at the Faculty of ..................................................................................................................................................................................................

CANDIDATE’S PERSONAL INFORMATION

1. Surname ..................................................................................................................................................................................................
2. First name (names).............................................................................................................................................................................
3. Personal ID number (PESEL) ………………………………….............................................., or in case of not having one, number of the ID document which confirms identification and its issuing country …………...…………………..
4. Nationality\* ………………………………………………………………………………………………………………………………………
5. Date and place of birth: (d/m/y)......................................... in ....................................................................................................
6. Sex:…………………………………………………………………………………………………………………………………………………….
7. Place of residence:

country…………..………..….. postal code ........................ city/town ...........................................................................................
street ..................................................................................................................... street number ..................................................... apartment number …………………. province *(województwo).* ............................................................................................. county *(powiat)* …………….………..……………..…….…………… municipality *(gmina)*…………………….……….………..

1. Correspondence address (*complete if different from your place of residence*):

………………………………………………………………………………………………………….……………………………………..………..

1. Phone number..................................................... or E-mail address: ………………………………………………………………..
2. I certify the accuracy of the information provided in the application with my own signature.

...................................., ..................................r. ……………………………………………….…

 *(city/town, and date) (candidate’s signature)*

\* *enter if other than Polish*

I enclose with the application:

|  |  |  |
| --- | --- | --- |
| No. | List of recruiment documents | Receipt on receipt documents by the candidate |
| 1. |  | ……………………………………………………..(*date and* *candidate’s* *signature*) |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |