

10. PROFESSION/OCCUPATION:.....

11. If you are currently a student, what school do you attend?

12.KNOWLEDGE OF THE POLISH LANGUAGE:

oral:
 none poor fair good excellent

written:
 none poor fair good excellent

13. FINANCIAL SUPPORT:

- scholarship provided within Poland's cultural agreement with the participant's country
- scholarship provided within a direct agreement with University of Warsaw
- self-funding

14. Give the names and addresses/phones of relatives or friends who may be contacted in case of an emergency:

In your home country:

In Poland:

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tel./e-mail.....

tel./email.....

15. How did you learn about our Course?

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I understand the rules of participation in the course. My health condition is no obstacle for my taking part in it. I agree that my personal data will be lawfully processed for the School purposes (Ustawa o ochronie danych osobowych, Dz. Ustaw nr 133, poz. 833 z dn. 29 sierpnia 1997 roku).

Date

Signature