

Date of Application .....

Employee signature .....

**APPLICATION FORM**  
**FOR ACCOMODATION AT THE STUDENT DORMITORY**  
**OF THE MEDICAL UNIVERSITY OF SILESIA IN KATOWICE**  
**in the academic year 2018/2019**

Applicant's personal information  
*(to be completed by student)*

First & last names		
Marital status	Citizenship	Sex F / M
Home address		
e-mail address		

Being aware of the criminal responsibility for incorrect information release, I hereby confirm that the above stated data is true and correct.

.....  
Student signature

Decision of the Dean :

- Accepted : accommodation at Medyków 24, 26
- Accepted : accommodation at Medyków 12 A
- Denied

Signature of the Dean .....