

APPLICATION
to the Rector
of the Medical University of Silesia in Katowice

Please accept my request for admission/transfer* to the English language medical program at the School of Medicine in Katowice, Medical University of Silesia in Katowice in the spring semester of the academic year 2018/2019, year of study.

American MD program

European MD program

Last name.....

First and/or middle names.....

Date of birth (dd/mm/yyyy)..... Place of birth.....

Passport number..... SSN.....

Citizenship..... Nationality.....

Above specified citizenship is the only citizenship that I hold YES NO

If "NO", please specify other citizenship/s that you hold:

Marital status.....

Father's name Mother's name

Permanent mailing address:

country city.....

street..... zip code.....

cell phone number..... e-mail

Temporary mailing address:

country city.....

street..... zip code.....

Source of income: *

self-supporting / financial aid / dependent on parents / other (specify)

High School attended:

name of High School.....

country/city date of graduation (dd/mm/yyyy)

College/university attended:

name of college/university

country/city date of graduation (dd/mm/yyyy)

* please circle one option

Have you been subjected to disciplinary action at college/High school been convicted of a criminal offense, or do you have any criminal or disciplinary charges pending?

YES NO If "YES", please describe

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Are there any medical or physical health issues which may restrict you from fulfilling your educational responsibilities in the medical program? YES NO

If "YES", please describe

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I enclose the following documents to this Application:

No	Name of item	Please mark with "X"
1.	original or notarized copy of high school diploma	
2.	original copy of high school transcript	
3.	original or notarized copy of premedical or paramedical college diploma	
4.	original copy of premedical or paramedical college transcript	
5.	official document stating the legal status of college	
6.	document certifying a passing score in MCAT exam	
7.	application form	
8.	xerox copy of an identification document certified for compliance with the original document	
9.	3 photos	
10.	xerox copy of birth certificate	
11.	health certificate confirming no objections to take up medical studies	
12.	certificate documenting English language fluency level	
13.	receipt of registration fee payment	

Use this space for any additional information to supplement your application

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I submit my application*:

- 1) directly to the university as an individual candidate;
- 2) through the recruiting agency named

I will sit for the admission examination on*:

February 1, 2019 / February 6, 2019 / February 8, 2019 / February 11, 2019

During the examination I would like to be evaluated in the following fields of study*(refers to candidates applying for admission to 1st year of study):

biology and chemistry / biology and physics / chemistry and physics

I hereby confirm that:

- *the data stated above is correct,*
- *I understand that providing false or misleading information in the Application Form may result with disciplinary charges*
- *I have read and understood both Study Regulations and Payment Regulations adopted by the Senate of the Medical University of Silesia in Katowice,*
- ***I am going to pay tuition fee in USD / EURO ****

I consent to the processing of my personal data included in his Application for the need of the study process at the Medical University of Silesia in Katowice (in accordance with the Act of Personal Data Protection of August 29, 1997, Journal of Laws No 10 of year 2002, item 926 with further amendments).

Date

Signature

*** please circle one option**