

Date of Application .....

Employee signature .....

<b>APPLICATION FORM</b> <b>FOR ACCOMODATION AT THE STUDENT DORMITORY</b> <b>OF THE MEDICAL UNIVERSITY OF SILESIA IN KATOWICE</b> <b>in the academic year 2019/2020</b>
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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 for accommodation at Medyków 24, 26

Denied

Signature of the Dean .....