

Date: .....

Application No:

**Candidate's last and first name:** .....

**Field of study:** medicine

Rector of  
the Medical University of Silesia in Katowice  
Professor Przemysław Jałowicki, MD, PhD  
(name and title)

APPLICATION FORM  
for admission to 1st year

in the academic year 2019/2020 / spring semester

\*\*\*study program: International  European

Personal data:

Last name*:	
First name*:	
Middle name*:	
Name and number of ID document and name of issuing country	
Sex*:	
Date and place of birth*:	
Citizenship*:	
Pole's Card*	YES / NO**
Father's name:	
Mother's name:	

Permanent residency address:

Street*:	
ZIP code*:	
City*:	
Country*:	

Mailing address:

Street*:	
ZIP code*:	
City*:	
Country*:	
Phone number:	
Mobile*:	
E-mail address:	
Skype ID	

<b>Languages fluency:</b>	none	poor	good	fluent
Polish:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
German:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Russian:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**High School attended:**

Name of school: .....

City: .....

Country: .....

Year of graduation: .....

**I will sit for the admission examination on:**

January 28, 2020     January 31, 2020     February 4, 2020     February 7, 2020

**in the following courses:**

biology and chemistry     biology and physics     chemistry and physics

Following documents are enclosed to this Application:

1. original or notarized copy of high school diploma,
2. original copy of high school transcript (applies to candidates who completed high school outside Poland),
3. 3 photos – required ID or passport photos, with candidate’s name and surname signed on the back of the photo,
4. certificate documenting English language fluency level,
5. receipt of registration fee payment,
6. health certificate confirming no objections to take up studies in respective fields,
7. original or notarized copy of college diploma (applies to candidates who apply for graduate programs).
8. Apostille – in the case when the document specified in item 1 or 7 was issued by an institution operating in the educational system of a Hague Convention Contracting country, as of October 5<sup>th</sup>, 1961, which waives the requirement of legalization of foreign government documents.
9. an approval of high school transcript or diploma specified in item 1 or 7 – in the case of documents not recognized in Poland by operation of law, issued in a country with which Republic of Poland did not signed a mutual educational document recognition contract, or a document from a country with which Poland has the above-mentioned contract but the document is not covered in it.

**I submit my Application:**

- directly to the University as an individual candidate
- through the recruiting agency named .....  
(name of recruiting agency)

*I hereby confirm the currency in which my tuition will be paid:*

USD     EURO     PLN

- I agree that all data submitted with the Application Form may be fully processed for statistical purpose and available on an anonymous basis.
  
- I agree to processing my personal data included in the Application Form to the 1st in the area of non-mandatory data.

By signing below, I certify that all information is true.

.....  
(readable signature)

\* mandatory fields  
\*\* delete where inapplicable  
\*\*\* fulfil only candidates for medical program

## Statements

1. I am aware of my responsibility for providing false information and therefore I declare with my signature that data stated in the Application form are true.
2. I declare that I have read and understood terms and procedures of admission resolved by the Senate, binding in the academic year 2019/2020 (Resolution Nr 62/2018 of the Senate of the Medical University of Silesia of May 30, 2018) and I undertake to comply with the rules.
3. I accept below stated information arising from the information obligation according to Art. 13 of RODO Regulation<sup>1</sup>:
  - 1) The Personal Data Controller is Medical University of Silesia in Katowice, 15 Poniatowskiego Street, 40-055 Katowice, tel.32 208 3600, NIP: 634-000-53-01, REGON: 000289035.
  - 2) Current contact details to Data Protection Officer are available under telephone number 32 208 36 00 or on the website [www.sum.edu.pl](http://www.sum.edu.pl) or [www.iod.sum.edu.pl](http://www.iod.sum.edu.pl).
  - 3) Your personal data are processed for the purpose of recruitment and study process based on the Act of Higher Education and Science of July 20, 2018 (Journal of Law of 2018 item 1668 with further amendments) and on the grounds of consent given in the field beyond the requirements of the Act, based on Art. 6 item 1 of RODO.
  - 4) Recipients of your personal data will be employees of the Medical University of Silesia in Katowice who are entitled to process personal data. Recipients of your personal data may also be partners of SUM who provides their services particularly in the area of study process for the Medical University of Silesia or other public authorities which make legally justified request for access to personal data.
  - 5) Transfer of personal data to a third country will be preceded by request for consent in requested matter.
  - 6) Personal data will be store for 50-years period on the grounds of the Regulation of the Minister of Science and Higher Education of 27 September 2018 on studies (Journal of Laws 2018, item 1861).
  - 7) You have the right to demand that the Medical University of Silesia give you an access to your personal data, rectify it, delete or limit processing, as well as the right to object to the processing and right to transfer personal data;
  - 8) You have the right to withdraw consent at any time, without affecting the lawfulness of processing based on consent before its withdrawal;
  - 9) You have the right to lodge a complaint with a supervisory authority about processing of personal data
  - 10) Providing personal data on the base of the Regulation of the Minister of Science and Higher Education of 27 September 2018 on studies is obligatory, but necessary in recruitment and study process. The consequence of not providing personal data will be the exclusion of the candidate from the recruitment process.
  - 11) Your personal data is not subject to automated decision making.

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<sup>1</sup> RODO Regulations - Regulation (EU) 2016/679 of the European Parliament and of the council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation)

**If the above given information are not fully understandable, you can obtain additional information by contact with The Data Protection Officer, his contact details are available at: <http:iod.sum.edu.pl> and Tel. No. 32 208 36 00.**

I hereby declare that above given essence of the information obligation according to the Art. 13 of RODO Regulations is fully comprehensible to me.

.....

(readable signature)