

Date of application (stamp and signature of University representative)

APPLICATION FOR THE RECTOR'S SCHOLARSHIP
in the academic year..... /.....

First name and surname:			
Permanent address - (postcode, place, region, district, street, street no., apt.)			
Correspondence address - (postcode, place, region, district, street, street no., apt.)			
Phone number:		E-mail:	
School: <input type="checkbox"/> School of Medical Sciences in Zabrze* <input type="checkbox"/> School of Medical Sciences in Bytom* <input type="checkbox"/> School of Medical Sciences in Katowice* <input type="checkbox"/> School of Medical Sciences in Katowice* <input type="checkbox"/> School of Pharmaceutical Sciences in Sosnowiec*			
*tick where applicable			
faculty:			
Form of studies: <input type="checkbox"/> full programme <input type="checkbox"/> extramural		Record no.	Year of study
<input type="checkbox"/> - uniform master degree studies			
<input type="checkbox"/> - I degree studies			
<input type="checkbox"/> - I degree studies			

Average grades and type of scientific, sports and artistic achievements

Note! A student does not complete the columns „Number of points” and „Grade average”

Grade average		
Grade average in the previous academic year		No. of points
..... date, signature and stamp of the Dean's office	

Scientific achievements proved by the Supervisor of the Scientific Association

Publications in Impact Factor journals

	Title of publication	Source	Year	month	Vol. Page no.	No. of points
1.						
2.						
3.						
4.						
5.						

Publications in Polish and international scientific journals

	Title of publication	Source	Year	month	Vol. Page no.	No. of points
1.						
2.						

3.						
4.						
5.						

Participation in scientific conferences

	Title of conference	through Students Scientific Association	Other	Date and place	Title of presentation or paper	Award granted	Number of points
1.		<input type="checkbox"/>	<input type="checkbox"/>				
2.		<input type="checkbox"/>	<input type="checkbox"/>				
3.		<input type="checkbox"/>	<input type="checkbox"/>				
4.		<input type="checkbox"/>	<input type="checkbox"/>				
5.		<input type="checkbox"/>	<input type="checkbox"/>				

Points total:

Confirmed by the Supervisor(s) of Students Scientific Association (s)	 date, signature, stamp
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Sport achievements proved by the Chairman of the Academic Sports Association

date, signature, stamp

No.	Name of sports competition	Date and place	Place won	No. of points
1.				
2.				
3.				
4.				
5.				

Points total:

Confirmed by the Chairman of the University Sports Association	 date, signature, stamp
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Artistic achievements proved by the Head of the Centre for Didactics

	Name of competition	Date and place	Type of award	No. of points
1.				
2.				
3.				
4.				
5.				

Points total:

Confirmation of individual achievements	Confirmation of group achievements
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..... date, signature, stamp of the Head of the Centre for Didactics	 date, signature, stamp of the group head/supervisor		
Other achievements				
No.	Name of competition	Date and place	Place won	No. of points
1.	Scapula Aurea scientific competition			
2.	Superhelisa scientific competition			
3.	Great Synapsa scientific competition			
4.	Inter-University competition in medical simulation			
5.	Competition for Medical Universities in medical rescue			
6.	Medical rescue championships (international, national, Silesian)			
Points total:				
Confirmed by the Head of the Chair	 date, signature, stamp		

Student's declaration:

Aware of criminal (art. 233 of the Criminal Code) , civil and disciplinary liability for submitting false information I declare hereby that:

- all the information provided in the application and in the attached documents is correct and true,
- I acknowledge the regulations for student's allowances at the Medical University of Silesia and declare to refund any unduly received allowances,
- pursuant to the act on protection of personal data of the 10th May, 2018 , I express my consent to collect and process my personal data contained by the application.

(date and student's signature)

I attach the following documents to prove my scientific, sports and artistic achievements:

No.	Documents confirming scientific, sports or artistic achievements	Completed by the University representative	
		submitted	none
1.		<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/>

Completed by the University Board for Allowances/authorised representative of the University

Type of achievements	Number of points
Grade average	
Scientific achievements	
Sports achievements	
Artistic achievements	
Other achievements	
Points total	

Katowice, on

.....
date, signature, stamp

