



APPLICATION FORM

TWO-YEAR PART-TIME MA STUDY PROGRAMME IN PRINTMAKING ACADEMIC YEAR 2014/2015

PERSONAL DATA		
1	First name	
2	Surname	
3	Place of birth	
4	Date of birth (y/m/d)	
5	Father's name	
6	Mother's name	
7	Sex (male/female)	
8	PESEL / Personal Identification Number	
9	Passport number	
10	Date of expiry	
11	Nationality	
12	Country of citizenship	
Contact details		
13	Present address	
14	City	
15	Zip code	
16	County	
17	Country	
18	Phone number	
19	E-mail	
Academic details		
20	University / college	
21	Address	
22	MAJOR Faculty / Department	
23	Degree received	
24	Graduation year	
Languages		

25	Mother tongue	
26	Foreign languages	
27	Level of competence	
Short biography / professional experience, exhibitions, awards and honors (max. 3000 characters)		
27		
Motivation letter (max. 3000 characters)		
29		
Additional details		
30	Who is going to pay the tuition during your studies? If by grant/scholarship, please state the name of the relevant authority.	
31	How have you learned about the programme and the Eugeniusz Geppert Academy of Art and Design in Wrocław?	
32	Name, address and phone number of the person to be notified in case of emergency.	

I HEREBY APPLY FOR ENROLMENT IN THE TWO-YEAR, PART-TIME MA STUDY PROGRAM IN PRINTMAKING FOR THE ACADEMIC YEAR 2014/2015.

- ☐ I agree to pay the tuition regularly.
- ☐ I agree to provide the mandatory health insurance for the entire period of study.
- ☐ I agree to submit certified copies of graduation diplomas or copies with an attached apostille.
- ☐ I agree to have my personal data processed and made available to relevant authorities for the requirements of the educational process, pursuant to the Personal Data Protection Act of 29 August 1997 (the consolidated text: Journal of Laws of 2002, no.101, item 926, as amended).

By signing this application, you attest that all of the information is valid. Upon validation of this application, any false information may be grounds for non-admission or dismissal.

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PLACE AND DATE

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SIGNATURE