Date of receipt………………………

Stamp and signature ………………..

*(completed by an administration employee)*

**Application for a place in a dormitory of the Academy of Art and Design in Wrocław**

**for the semester/ academic year** …………………………………………………

**Data of the applicant**

*(to be completed by a student/ PhD student/ person admitted to studies in capital letters)*

Name and surname …………………………………………..………………………………….

Faculty ……………………………………………………………………………….…………

Field of study……………………………………………………………………………………

Current year of study ……………………………………………………………………………

Mode of study: full- time part time

Parents’ names …………………………………………………………………...……………..

Permanent residence address …………………………………………………...………………

………………………………………………………………….………………………………..

Telephone number …………………………...………………………………………………….

E-mail address ...…………………………………….…………………………………………..

**I am asking for a place in the dormitory of the Academy of Art and Design in Wrocław**

in a double/ triple room …………………………………………………………………………

in a room with roommates ……………………………………………………………………

in the price of …………………………………………………………………………………

**Justification for submitting the application**

…………………………...………………………………………………………………………

…………………………...………………………………………………………………………

………………………..………………………………………………………………………….

…………………………………..……………………………………………………………….

I declare that the approximate monthly net income per one family member is ………………...

The number of family members living in a common household is ……………………...……..

Distance from the place of my permanent residence to Wrocław in kilometres is ……………

**Please attach the following to your application for a place in the dormitory:**

• certificate from the tax office on the family member’s income subject to personal income tax under the principles specified in the Personal Income Tax Act, Journal of Laws 1991, item 350, achieved in the calendar year preceding the benefit period;

• a statement of the number of family members living in a common household (for siblings: a certificate of education or a statement from the tax office in the case of living in the family home).

**Declaration**

I declare that in the event of resignation from the granted place in the dormitory in Wrocław I will inform about the resignation at the following address: akademik@asp.wroc.pl no later than 30 days from the date of granting a place in the dormitory.

I consent to the processing of my personal data in accordance with Regulation (EU) 2016/679 of the European Parliament and of the Council of 27.04.2016 (GDPR) by the data controller: E. Geppert Academy of Art and Design in Wrocław in order to accept the application as part of the process of awarding a place in dormitory and, in the event of my selection, in order to conclude and implement the contract as well as for purposes arising from registration and residence obligations.

……………………… ………………………………….

 *Place, date Student’s signature*