SZKOŁA JĘZYKA I KULTURY POLSKIEJ UNIWERSYTETU ŚLĄSKIEGO W KATOWICACH
40-032 Katowice, plac Sejmu Śląskiego 1, Polska
tel.: +48-322512991, tel.: +48-322009424, fax: +48-322512991
Internet: sjikp.us.edu.pl, mail: szkola@us.edu.pl

FILL IN WITH CAPITAL LETTERS (READABLE)

Polish language courses

Application Form

The course in a group:

❑ February – June ..... (year) ❑ October ..... (year) – January ..... (year)

Individual course: from ..... to .....

Surname: .....

Name: .....

Date of birth: day ☐☐ month ☐☐ year ☐☐☐☐

Sex: ❑ male ❑ female

Country: ..... Passport No.: .....

E-mail: ..... Telephone No.: .....

Home address:

Country: ..... City: .....

Postcode: ..... Street, home: .....

Mailing address:

Country: ..... City: .....

Postcode: ..... Street, home: .....

Knowledge of Polish	**spoken**	**written**
none	❑	❑
poor	❑	❑
fair	❑	❑
good	❑	❑
excellent	❑	❑

How did you learn about The School? .....

I understand the rules of participation in the course. My health condition is no obstacle for my taking part in it. I agree that my personal data will be lawfully processed for the School purposes (Ustawa o ochronie danych osobowych, Dz. Ustaw nr 133, poz. 833 z dn. 29 sierpnia 1997 roku).

..... Date

..... Signature