# WROCŁAW MEDICAL UNIVERSITY

## Faculty of Dentistry, English Division

Krakowska 26 photo

50-425 Wrocław

POLAND

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### APPLICATION FORM

### FOR ACADEMIC YEAR 20....../20.......

I wish to apply for the English speaking programme for foreign students at the **FACULTY OF DENTISTRY** at Wrocław Medical University.

**Date** ......................................... **Applicant’s Signature** ……..…………..................................

###  QUESTIONNAIRE

(FILL IN USING CAPITAL LETTERS)

PERSONAL DATA

1. Surname (Family Name) ........................................................................................................

 First (given) Name(s) ...............................................................................................................

 (Enter names accurately. These are the names in which the student will be enrolled, registered and conferred)

2. Date of Birth: year .......... month ..................... day ................. Sex: Female Male

 Place of Birth ............................................... Country of Birth .................................................

3. Citizenship ....................................................... Nationality ....................................................

4. Passport No. ………………………………………..

5. Home Address ..........................................................................................................................

............................................................................... Country .........................................................

6. Address for correspondence (if different from above) .............................................................

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Phone (mobile)........................................................ E-mail ...................................................

PARENTS` DATA (or guardians)

7. Father`s names .......................................................

 Mother`s names .....................................................

8. Parents address .........................................................................................................................

 Country ....................................... Phone ..................................E-mail.....................................

####  QUESTIONNAIRE page 2

EDUCATION

9. Names of all secondary schools attended:

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name of the school place dates of entering and leaving the school

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name of the school place dates of entering and leaving the school

10. State whether you have attended University before: ..............................................................

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name of the University, faculty, subjects studied, levels, dates of entering and leaving

11. Knowledge of languages:

English..........................................................................................................................................(Mother Tongue or certificate e.g. FCE, CAE, IELTS, TOEFL.)

Polish............................................................................................................................................

(excellent/very good/good/average -use the appropriate)

other..............................................................................................................................................

FINANCIAL SUPPORT

12. Who is going to pay the University fee during your 5-year study? ......................................

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If by grant/loan, please state the name of authority and address .......................................................................................................................................................

**I certify, that the information I have given is complete and correct.**

 **Date** ......................................... **Applicant’s Signature** ……………..................................