……………………………….

(**No. of application, the date of receipt)**

**An application to the Student Affairs’ Department, Wroclaw Medical University, for a place in a student house ... ... ... ... ... ... ... "**

**in the academic year 20………/20……………**

Wrocław, date………………..

*…………………………………………………………*

(Name and surname)

*………………………………………………………….*

(faculty, major)

*………………………………………………………….*

(current year of studies)

*………………………………………………………….*

(permanent address, telephone number, e-mail)

Please reserve a place for me in the Student Hostel ... ... ... ... ... ... ... ... ... .... of the Wroclaw Medical University in the room No .......... ... (if known)

**I declare that:**

Income per person in my family is ca…………................................ PLN (monthly)  
The distance from my home living place amounts .......................... from the University (km).

**Additional justification**

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

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

DISCLAIMER: Aware (a) criminal liability, civil and disciplinary law (up to and including expulsion from the university) for providing false information, I declare that the information given in the application is true and correct. In accordance with Article. Paragraph 23. 1pkt.1 Law on Personal Data Protection I give my consent to the collection and processing of my personal data by the Wroclaw Medical University for the purpose of assigning places and accommodation in a student house.

……………………………….

(Signature of student / PhD)

**Remarks of Hostel Management**

…………………………………………………………………………………………………

…………………………………………………………………………………………………

……………………………….

(signature)

**Decision of the Commission**

……………………………………………………………………………………………………………………………………………………………………………………………………

……………………………….

(signature)