



WARSAW UNIVERSITY OF TECHNOLOGY
Centre for International Cooperation
INTERNATIONAL STUDENTS OFFICE
Pl. Politechniki 1, 00-661 Warsaw, POLAND

NOTICE: Application form must be filled in BLOCK CAPITAL LETTERS

**APPLICATION FOR ADMISSION TO
GRADUATE PROGRAMME IN**

.....
Please specify the field of study according to the programme offer of the University

I. PERSONAL DATA

NAME:
Last First Middle

FORMER/MAIDEN NAME:¹

FATHER'S FIRST NAME:

MOTHER'S FIRST NAME:

SEX: Male Female

DATE OF BIRTH: Day __ __ Month __ __ Year __ __ __ __

PLACE OF BIRTH: City: Country: Citizenship:

PERMANENT ADDRESS:

ADDRESS FOR CORRESPONDENCE:²

Street and No.

Street and No.

City

City

Postcode

Postcode

Country

Country

TELEPHONE FAX EMAIL³

¹ ONLY IF APPLICABLE

² FILL ONLY IF IT IS DIFFERENT FROM YOUR PERMANENT ADDRESS

³ PLEASE GIVE THE EMAIL ADDRESS YOU WILL BE ALSO USING IN POLAND

II. ENGLISH LANGUAGE PROFICIENCY

- English is my first language
- I will hold a secondary school / university diploma earned in an English-speaking country prior to entrance to Warsaw University of Technology
- I have passed a test in English⁴

Name

Score

- Other evidence of proficiency in English:⁵

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III. EDUCATION (Please give names of all educational institutions attended)

Secondary school/College/University	Dates (from - to)	Certificate/Diploma/Degree ⁶
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IV. OTHER QUALIFICATIONS (Professional experience, etc.)

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V. OUTLINE OF RESEARCH INTERESTS⁷

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VI. STARTING DATE

October⁸ _____

February _____

Will you need a place in a dormitory (student hostel)? YES NO

⁴ DETAILED LIST OF CERTIFICATES IS AVAILABLE ON OUR WEBPAGE (www.cwm.pw.edu.pl/students)

⁵ PLEASE EXPLAIN / MAKE A DECLARATION

⁶ INCLUDING EXPECTED CERTIFICATES

⁷ USE AN ADDITIONAL PAGE IF NECESSARY

⁸ SPECIFY THE YEAR YOU WANT YOUR STUDIES TO BEGIN IN

VII. SUPPORTING DOCUMENTATION ENCLOSED (COPIES⁹)

- Documentation from high/secondary school
- Proof of proficiency in English (if available)
- Proof of application fee payment (200 euros)
- Additional documents (if necessary)

VIII. DECLARATIONS AND STATEMENTS

1. I certify that the condition of my health allows me to initiate the studies at the given faculty.
2. I certify that the information I have given is complete and accurate. I understand that, if admitted to the University, should my funds at any time during my course of study prove to be inadequate, the University will not be able to provide any financial assistance either by grant or remissions of fees.
3. I accede to the processing of my personal data according to the Act of 29 August, 1997 on the Protection of the Personal Data, and also other valid regulations of Warsaw University of Technology. The storage of personal data at WUT is done solely for the purpose of the evaluation of Applications for Admission. I am aware that I have a right to access and correct my personal data at any time.

DATE

SIGNATURE¹⁰

⁹ ORIGINALS MUST BE SUBMITTED UPON ARRIVAL IN WARSAW

¹⁰ ONLY ORIGINAL SIGNATURE OF THE CANDIDATE WILL BE HONOURED