

Date: .....

Application No:

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Candidate's last and first name: .....

Field of study .....

Medical University of Silesia in Katowice  
Head of the University Admission Committee

.....  
(name and title)

APPLICATION FORM  
for admission to 1st year

in the academic year ..... / ..... semester\*\*\*

Personal data:

Last name*:	
First name*:	
Middle name*:	
Name and number of ID document:	
Name of issuing country:	
Sex*:	
Date of birth*:	
Place of birth:	
Citizenship*:	
Pole's Card*	YES / NO**
Father's name:	
Mother's name:	

Permanent residency address:

Street*:	
ZIP code*:	
City*:	
Country*:	

- ☐ city  
☐ village

Mailing address:

Street*:	
ZIP code*:	
City*:	
Country*:	

Phone number:	
Mobile*:	
E-mail address:	
Skype ID:	

**Languages fluency:**                      none                      poor                      good                      fluent

Polish:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Secondary school leaving certificate:**

Name of school: .....

City: .....

Country: .....

Year of graduation: .....

**I wish to be evaluated in the following fields of study:**

<input type="checkbox"/> biology	<input type="checkbox"/> chemistry	<input type="checkbox"/> mathematics
<input type="checkbox"/> physics	<input type="checkbox"/> civics	

**I submit my Application:**

☐ directly to the University as an individual candidate

☐ through the recruiting agency named .....  
(name of recruiting agency)

☐ I agree that all data submitted with the Application Form may be fully processed for statistical purpose and available on an anonymous basis.

By signing below, I certify that all information is true.

.....  
(readable signature)

\* mandatory fields  
 \*\* delete where inapplicable  
 \*\*\* fulfil only candidates for medical program

## Statements

1. I am aware of my responsibility for providing false information and therefore I declare with my signature that data stated in the Application form are true.
2. I declare that I have read and understood terms and procedures of admission resolved by the Senate, binding in the academic year ..... (Resolution No ..... of the Senate of the Medical University of Silesia of ..... ) and I undertake to comply with the rules.
3. I declare that I have read the rules for charging fees for educational services during studies at the Medical University of Silesia in Katowice, specified in Appendix No. ... to Resolution No. .... of ..... of the Rector of SUM and with the determination of the amount of fees for educational services provided at the Medical University of Silesia in Katowice for studies starting in the academic year ..... specified in Resolution No. .... of ..... the Rector of the Medical University of Silesia in Katowice.
4. I accept below stated information arising from the information obligation according to Art. 13 of GDPR Regulation<sup>1</sup>:
  - 1) The Personal Data Controller is Medical University of Silesia in Katowice, 15 Poniatowskiego Street, 40-055 Katowice, tel.32 208 3600, NIP: 634-000-53-01, REGON: 000289035.
  - 2) Current contact details to Data Protection Officer are available under telephone number 32 208 36 00 or on the website [www.sum.edu.pl](http://www.sum.edu.pl) or [www.iod.sum.edu.pl](http://www.iod.sum.edu.pl).
  - 3) Your personal data are processed for the purpose of recruitment and study process based on the Act of Higher Education and Science of July 20, 2018 and on the grounds of consent given in the field beyond the requirements of the Act, based on Art. 6 (1)(a) and (c) of GDPR.
  - 4) Recipients of your personal data will be employees of the Medical University of Silesia in Katowice who are entitled to process personal data. Recipients of your personal data may also be partners of SUM who provides their services particularly in the area of study process for the Medical University of Silesia or other public authorities which make legally justified request for access to personal data.
  - 5) Data will be kept in accordance with the principle of minimisation and adequacy for a period to be determined on the basis of generally applicable legislation in particular:
    - 5.1. Regulation of the Minister of Science and Higher Education of 27 September 2018 on studies.
    - 5.2. the Act of 14 July 1983 on National Archival Resources and Archives.
  - 6) You have the right to demand that the Medical University of Silesia give you an access to your personal data, rectify it, delete or limit processing, as well as the right to object to the processing and right to transfer personal data.
  - 7) You have the right to lodge a complaint with a supervisory authority about processing of personal data.
  - 8) Providing personal data on the base of the Regulation of the Minister of Science and Higher Education of 27 September 2018 with further amendments on studies is obligatory, but necessary in recruitment and study process. The consequence of not providing personal data will be the exclusion of the candidate from the recruitment process.
  - 9) Your personal data is not subject to automated decision making.

I hereby declare that above given essence of the information obligation according to the Art. 13 of GDPR Regulations is fully comprehensible to me.

.....  
(readable signature)

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<sup>1</sup> GDPR- Regulation (EU) 2016/679 of the European Parliament and of the council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation)