

miejsce na
zdjęcie

(35 x 45 mm)

Appendix No. 2
to Resolution No. 14/2025
of 19 March 2025

Date:

Application No:

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 the academic year

Personal data:

| | |
|---|------------|
| Last name*: | |
| First name*: | |
| Middle name*: | |
| PESEL*: | |
| Name and number of ID document (in case of lack of PESEL number): | |
| Name of issuing country: | |
| Sex*: | |
| Date of birth*: | |
| Place of birth: | |
| Country of birth*: | |
| Citizenship*: | |
| Pole's Card* | YES / NO** |

Permanent residency address:

| | |
|------------|--|
| Street*: | |
| ZIP code*: | |
| City*: | |
| Country*: | |

- ☐ city
- ☐ village

Mailing address:

| | |
|------------|--|
| Street*: | |
| ZIP code*: | |
| City*: | |
| Country*: | |

| | |
|-----------------|--|
| Mobile*: | |
| E-mail address: | |

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 am a current student of Medical University of Silesia in Katowice:
(field of study, year)

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)

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

.....
(readable signature)

* mandatory fields
** delete where inapplicable

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 separate Resolution of the Rector of the Medical University of Silesia in Katowice.
4. I declare that if I am qualified for admission to studies, I undertake to appear in person or to have a person with power of attorney to undertake legal actions on behalf of the candidate appear on the date indicated by the University Recruitment Committee.
5. I agree that all data submitted with the Application Form may be fully processed for statistical purpose and available on an anonymous basis.
6. I accept below stated information arising from the information obligation according to Art. 13 of GDPR Regulation¹:
 - 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 or 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 (consolidated text: Journal of Laws 2024, item 1571, as amended) 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 (consolidated text: Journal of Laws of 2018, item 1861, as amended).
 - 5.2. the Act of 14 July 1983 on National Archival Resources and Archives (consolidated text: Journal of Laws 2020, item 164, as amended).
 - 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.

¹GDPR- 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)

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.

7. In the event of insufficient understanding of the meaning of the above content, it is possible to obtain information by contacting the SUM Data Protection Inspector, whose contact details are available on the website <http://iod.sum.edu.pl> and by phone at 32 208 36 00.

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)