

THE APPLICATION SHOULD BE COMPLETED IN BLOCK LETTERS

Attachment No. 14
to the "Regulations for Granting Benefits
to Students of the Medical University
of Silesia in Katowice"

Date of submission of the application

Signature and stamp of the University employee

<p align="center">APPLICATION FOR A ROOM IN THE STUDENT DORMITORY</p> <p align="center">in</p> <p align="center">at Street</p> <p align="center">FOR THE ACADEMIC YEAR</p>
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1. Applicant's details (to be filled out by the student/candidate)

First and Last Name	
Album number / Application number for studies (for first-year applicants)	
Field of study	
Mode of study:	<input type="checkbox"/> <input type="checkbox"/> full-time <input type="checkbox"/> part-time
Faculty:	
Citizenship:	
Mailing address (you can provide an email address, preferred address in the SUM domain)	
Phone number	
Declaration necessary for application assessment:	
Permanent place of residence:	Province: City: Postal code: Street:
Distance from permanent residence to the University's Faculty (Dean's Office) km
* Degree of disability (fill in if applicable)	<input type="checkbox"/> <input type="checkbox"/> no <input type="checkbox"/> yes
* Raising a child alone (fill in if applicable)	<input type="checkbox"/> no <input type="checkbox"/> yes

* affirmative response must be documented

Aware of the criminal liability for providing false information, I declare that the information provided in my application is true and accurate.

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/Signature of the student/candidate/

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Committee's Opinion: ☐ positive ☐ negative

The opinion was given by the Committee composed of:

*In accordance with the protocol from the meeting
of the Committee for granting a room in the dormitory on*

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