Attachment No 14a to the „Regulations
for Granting Benefits to Students of the
Medical University of Silesia
in Katowice”

THE APPLICATION SHOULD BE COMPLETED IN BLOCK LETTERS

Date of submission of the application..... Signature and stamp of the University employee

APPLICATION FOR A ROOM IN THE STUDENT DORMITORY
in .....
at .....Street
FOR THE ACADEMIC YEAR ..... .

Applicant's details *(to be filled out by the student/candidate)*

First and Last Name	
Album No / Application No (applies to 1st year candidates)	
Field of study	
Mode of study	☐ full-time ☐ part-time
Faculty	
Citizenship	
Mailing address (you can provide an email address, preferred address in the ŚUM 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)	☐ no ☐ yes
Raising a child alone (fill in if applicable)	☐ no ☐ 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.

.....
(Signature of the student/candidate)

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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