



# UNIVERSITY OF SILESIA

## International Student Application Form

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Please complete this application form and attach the following documents.  
(Type or print in English using capital letters)

1. A copy or an authorised photocopy of the secondary school graduation certificate entitling the applicant to pursue studies at the University of Silesia. It must be legalised by the Ministry of Foreign Affairs and by the Polish Consular Office.
2. One passport-type photograph (head-and-shoulder shot).
3. Proof of competence in the Polish Language.
4. A health certificate confirming the applicant's good health condition.
- 5.\* Official transcript or record of grades prepared by the home institution.
- 6.\* A reference letter from a faculty member at the home institution.

\* These documents are required when you want to continue studies at the University of Silesia and you are already a student.

Submit to:	Department of Foreign Relations or Admission Office University of Silesia, 12 Bankowa St., 40-007 Katowice, Poland
Deadline dates:	June 30 for Fall semester (October) admission October 31 for Spring semester (February) admission

### A. PERSONAL INFORMATION

Surname/Family name ..... First name(s) .....

Sex: Male  Female

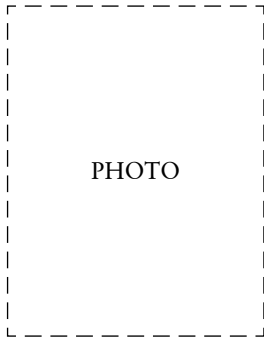
Date of birth: day ..... / month ..... / year .....

Nationality .....

Citizenship(s) .....

Marital status: single  married  children

Will family members be accompanying you: Yes  No



Information about parents (Surnames, First Names and dates of birth):

Father: .....

Mother: .....

Mother's maiden name: .....

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**B**

**Correspondence address:** dates effective from: ..... to .....

Country ..... City ..... Postcode .....

Street name and number, apartment .....

Telephone ..... E-mail .....

## B. ACADEMIC BACKGROUND

Full name of Secondary/High School/Home Institution authorised to pursue study: .....

.....

.....

Country/Town .....

Date of graduation .....

### Note for students:

If you are a student of the University or School of Higher Education and you would like to continue study at the University of Silesia you should provide the documents listed on the first page general information. (p.5 and p.6)

## C. POLISH LANGUAGE COMPETENCE

Please circle the words which best describe your level of competence in the Polish Language:

	excellent	good	fair	poor none
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attach the assessment from the institution verifying your Polish Language proficiency (only required for students whose first language is not Polish). If the level of Polish indicates further tuition apply for language preparation at the School of Polish Language and Culture, University of Silesia, Pl. Sejmu Śląskiego 1, 40-032 Katowice, Poland. Tel./fax: +48 32 2512991, Tel.: +48 32 2009424; E-mail: szkola@homer.fil.us.edu.pl

## D. PLANNED RANGE OF STUDIES

Which course or area of study are you interested in? .....

.....

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C

I wish to commence study in: Fall Term 200 . . . Spring Term 200 . . .  
(October to January) (February to June)

I would like to attend: undergraduate course (BA or equivalent level)  or graduate course (MA level)

Which semester would you like to continue? . . . . .

## E. FINANCE OF STUDIES

I declare that cost of my studies will be covered:

By my family

By a foreign institution (please give a full name) . . . . .

Granted by the Ministry of National Education and Sport

Other (please give a full name) . . . . .

## F. NOTICE TO APPLICANTS

1. I designate the following person for emergency contact purposes, and I authorise the University of Silesia and my home institution to contact that person.

Ms/Mr . . . . . Relationship: . . . . .

Address: . . . . .

Country . . . . . City . . . . . Postal/Zip Code . . . . .

Telephone . . . . . Fax . . . . . E-mail . . . . .

2. I understand that I will obtain the status of full-time student during studies at the University of Silesia. I will pay tuition fees (if required) and other incidental fees as stipulated. I am aware of the compulsory health insurance. I am responsible for providing the appropriate documentation for studies in Poland, such as student authorization and affidavit of financial support.

I hereby certify that the information given in this application form is accurate to the best of my knowledge.

. . . . . / . . . . . / . . . . .      . . . . .  
Day                      Month                      Year                      Signature of applicant