



**University of Warmia and Mazury  
School of Medicine, Olsztyn, Poland  
Application form**

**The Overseas Admission Office**

**Ms. Kinga Chucherko**

**305 Maple Hill Dr.**

**Woodbridge NJ 07095**

Place your passport  
photo here

(4,5 x 3,5 cm)

<b>Program (choose the appropriate)</b>	
<input type="checkbox"/> 6 year MD Program	<input type="checkbox"/> 6 year MD/ PhD Program <input type="checkbox"/> 3 year PhD Program
<b>Personal Data</b>	
<b>Title (Mr/Ms/Miss/Mrs etc.)</b>	<b>Surname</b>
<input type="text"/>	<input type="text"/>
<b>Family Name</b>	<b>First Name</b>
<input type="text"/>	<input type="text"/>
<b>Father's First Name</b>	<b>Mother's First Name</b>
<input type="text"/>	<input type="text"/>
<b>Date of birth (day/month/year)</b>	<b>Place of birth (country/city)</b>
<input type="text"/>	<input type="text"/>
<b>Citizenship</b>	<b>Nationality</b>
<input type="text"/>	<input type="text"/>
<b>Passport Information</b>	
<b>Passport Country</b>	<b>Passport Number</b>
<input type="text"/>	<input type="text"/>
<b>Date of Issue</b>	<b>Date of Expiry</b>
<input type="text"/>	<input type="text"/>
<b>Issuing authority</b>	
<input type="text"/>	

Contact Information				
Permanent Address		Correspondence Address (if different)		
Street and No		Street and No		
<input type="text"/>		<input type="text"/>		
City		City		
<input type="text"/>		<input type="text"/>		
Postal/Zip-code		Postal/Zip-code		
<input type="text"/>		<input type="text"/>		
Country		Country		
<input type="text"/>		<input type="text"/>		
Telephone (if you give more than one, please indicate which is the primary contact number)				
Type (mobile/cell phone, daytime, evening, etc)	Country Code	Area Code	Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Education				
Please give names of all educational institutions attended				
Start year	Year of completion	Field of study	School Name/ Type	Location (Country and City)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Language Proficiency Information (choose the appropriate)				
English is my first language				<input type="checkbox"/>
I attended a high school / premedical college in an English-speaking country prior to admission				<input type="checkbox"/>
English is not my first language (you need to submit proof of your proficiency in English)				<input type="checkbox"/>
Financial Support				
How do you intend to finance your studies? (Personal savings, Private sponsor, etc.)				
<input type="text"/>				

Please give details of any loans or grants you are applying for or have already secured:

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**Declaration**

I consent to the collection and processing of relevant personal data by the University of Warmia and Mazury. I understand that the information provided on this form will be held and used for the purpose of processing my application for study and for student administration. All information on this application and appended thereto is protected by the Polish data protection laws.

I realize that the studies at Faculty of Medical Sciences at the University of Warmia and Mazury is only available for holders of other than Polish citizenship at their own expenses.

I certify that the information I have given on this application form is complete and accurate.

**Signature**

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**Date**

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**Additional Information**

How did you hear about University of Warmia and Mazury?

Internet

Prospectus

Recommendation

Visit

Other (please specify):.....

Do you intend to apply for college accommodation?

YES

NO