



School of Foreign Languages
 at the University of Economy in Bydgoszcz
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APPLICATION FORM

I wish to apply for

.....
 (course name)

organized by the School of Foreign Languages at the University of Economy in Bydgoszcz

Level:

- beginner intermediate
 pre-intermediate advanced

Please cross (x) preferred days of participating in classes:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

PERSONAL DATA:

Surname:

Name: Date of birth:

Address:

Contact:

Telephone number: Home phone number mobile

e-mail:

I am:

- a student of the University of Economy an employee of the University of
 Economy a graduate of the University of Economy or Post-diploma Studies
 Centre

Other language skills:

Language language level

.....

I hereby state that I was informed about (the fact that):

The administrator of my personal data is the University of Economy in Bydgoszcz. The aim of data collecting by the administrator is to conduct the appropriate service of teaching process. My personal data will be handed over only to persons working in and of the University of Economy. I have the right to inspect my personal data and to correct and complete it according to the current state.

I hereby confirm the authenticity of all above data with my original signature

.....
Date and place

.....
Signature