



PRAGA STUDENTS HOUSE DPS&DPS
Floriańska 3A Street, 03-707 Warsaw
akademikpraski@gmail.com

APPLICATION FORM

Please return this completed Form to the above address

First Name Last Name
Date and place of birth Name date
PESEL No. or series and passport number
Nationality Religion
Address
tel. e-mail
Number of people in the family (including siblings) I celebrate my name / birthday
The University Faculty
Course Year No. album
Completed school (date and place)
.....
.....

Emergency contact information/to Parent (guardian):

First Name Last Name
tel. e-mail Language

I want to reside in the Students House from the day:to:

How did You hear about us?

What kind of formation do You expect?

.....

Why did You choose our House ?

.....

.....

.....

.....

.....

I certify that the above conclusion I filled truthfully and that I am aware of the criminal liability resulting from Art. 233 of the Polish Criminal Code for giving false information or concealing the truth.

.....
place and date

.....
legible signature

Voluntary, conscious and unambiguous I agree to all processing of personal data in the qualification proceedings related to admitting place in the Praga Students House (also residing in it) in accordance with the Regulation on the protection of personal data (Regulation 679/2016/EU, called the RODO).

.....
place and date

.....
legible signature

Please attach:

photography (3x4 cm + digital version on e-mail) ID card or passport (for inspection) pastor opinion
student card (for inspection) or confirmation of student status last signed page of our rules