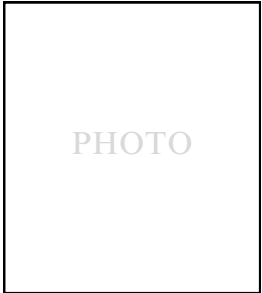# UNIVERSITY OF COMPUTER SCIENCES AND SKILLS

Rzgowska 17a, 93-008 Łódź, Poland

Application for Admission

PHOTO

Please Accept me for the Studies:

Level of Study	Faculty	Program

Candidate's Personal Data:

Name (In Block Letters):

Date of Birth (AD): | D | D | M | M | Y | Y | Y | Y | Place of Birth:

Father's Name: Mother's Name:

Nationality No.:   Citizenship/ PP No.:

Permanent Address:

Province: District:

Municipality: Ward No.:

City: Contact No:

Mailing Address:

Province: District:

Municipality: Ward No.:

City: Contact No:

E-mail:

I confirm the truthfulness of the data contained in the application with my own signature.

Date: ....   Signature: ....

Statement

I, the undersigned, inform that I have been informed that in the event of resignation or removal from the University, the compensation fee I have paid will not be refunded. The reimbursement of the enrollment fee is possible in the event of refusal of admission to studies by the enrollment committee.

Date: ....   Signature: ....