



UNIVERSITY OF COMPUTER SCIENCES AND SKILLS

(Wyższa Szkoła Informatyki i Umiejętności)

Rzgowska 17a, 93-008 Łódź, Poland

UNIVERSITY CONVOCATION FORM

PERSONAL DETAILS

Full Name :

Place of Birth : Date of Birth :
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Full Address :

Status : Single Married Gender : Male Female

Nationality : Contact No. :

E-Mail :

ACADEMIC DETAILS

University Registration No. :

Faculty :

Program :

Degree :

Enrolled Year : Passed Year :

College :

OTHER DETAILS

Gown Size : M L XL XXL XXXL

No. of Guests : [Max. 2]

I hereby confirm that the information provided above is accurate to the best of my knowledge. I understand that any false information may affect my participation in the convocation ceremony.

Signature of Student

Account Head

Examination Head