### KATOLICKI UNIWERSYTET LUBELSKI JANA PAWŁA II

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| **APPLICATION FORM / *ANKIETA OSOBOWA***  ERASMUS STUDENT 2022/2023 | | PHOTO |
| **Please type this form. Handwritten forms will not be accepted.**  *Proszę wypełnić w formie elektronicznej. Aplikacje wypełnione odręcznie nie będą przyjmowane.* | | |
| **PERSONAL DETAILS/ *DANE OSOBOWE*** | | |
| Family name / *Nazwisko* |  | |
| Name(-s) / *Imie(-ona)* |  | |
| Date of birth / *Data urodzenia (DD-MM-YYYY)* |  | |
| Place of birth / *Miejsce urodzenia* |  | |
| Father’s first name / *Imię ojca* |  | |
| Mother’s first name / *Imię matki* |  | |
| E-mail address / *Adres e-mail* |  | |
| Address / *Adres* |  | |
| Street / *Ulica* |
| Zip code / *Kod pocztowy* |  | |
| Town / *Miasto* |  | |
| Phone number/ *Telefon* |  | |
| Country / *Kraj* |  | |
| Nationality / *Narodowość* |  | |
| Citizenship / *Obywatelstwo* |  | |
| Passport number / *Numer paszportu* |  | |
| Denomination / *Wyznanie* | * Roman Catholic * Other | |
| Food preference (food allergies, vegetarianism, veganism, etc.) / *Preferencje żywieniowe (alergie pokarmowe, wegetarianizm, weganizm, etc.)* |  | |
| Contact person in case of emergency(name/address/phone) / *Osoba, którą należy powiadomić w razie wypadku (dane osoby/adres/telefon)* | Name & surname:  Address (street/number/zip code/city):  Phone: | |

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| **SECONDARY EDUCATION / *WYKSZTAŁCENIE ŚREDNIE*** | |
| Secondary school / *Szkoła średnia*: | - name / *nazwa*:  - city / *miasto*:  - country / *państwo*: |
| Secondary school diploma / *Świadectwo ukończenia szkoły średniej:* | *-* grading scale / *skala ocen:*  - date of issue / *data wystawienia:*  - diploma number / *numer dyplomu:*  *-* place of issue */ miejsce wystawienia:* |

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| **HOME INSTITUTION / *INSTYTUCJA WYSYŁAJĄCA*** | |
| Name / *Nazwa* |  |
| Address / *Adres* |  |
| Faculty / *Wydział* |  |
| Year of study/ *Rok studiów* |  |
| Field of study/ *Kierunek studiów* |  |
| Level of study/*Poziom studiów* | BA *(studia licencjackie)* \*MA *(studia magisterskie) – please provide the required information below (proszę uzupełnić wymagane informacje poniżej)*‬ \*\*PhD *(studia doktoranckie) – please provide the required information below (proszę uzupełnić wymagane informacje poniżej)*‬‬‬‬ |
| \* Completed level of study: BA (if applicable) / *Ukończony poziom studiów: studia licencjackie (jeśli dotyczy)* | - Field of study / K*ierunek studiów*:  - Type of studies/ *Typ studiów*  (full-time studies/ *studia stacjonarne;* part-time studies/ *studia niestacjonarne*) :  - University / U*niwersytet*:  name / *nazwa*:  city / *miasto*:  country / *państwo*:  - Diploma / D*yplom*:  date of issue / *data wystawienia*:  diploma number / *numer dyplomu*:  place of issue / *miejsce wystawienia*: |
| \*\*Completed level of study: MA (if applicable) / *Ukończony poziom studiów: studia magisterskie (jeśli dotyczy)* | - Field of study / K*ierunek studiów*:  - Type of studies/ *Typ studiów*  (full-time studies/ *studia stacjonarne;* part-time studies/ *studia niestacjonarne*) :  - University / U*niwersytet*:  name / *nazwa*:  city / *miasto*:  country / *państwo*:  - Diploma / D*yplom*:  date of issue / *data wystawienia*:  diploma number / *numer dyplomu*:  place of issue / *miejsce wystawienia*: |
| Have you participated in Erasmus+/Erasmus Mundus programme on the same level of study as you are now?/ *Udział w programach Erasmus+/ Erasmus Mundus na tym samym poziomie studiów* | YES (*Please specify how many months altogether your mobility/mobilities lasted*)  ……………… months  NO |
| Coordinator: name, phone, e-mail /  *Dane koordynatora Erasmusa+ na uczelni zagranicznej* | Name & surname:  Phone:  E-mail: |
| Stamp and signature of Erasmus+ Office/ International Relations Office / *Pieczątka  i podpis Biura Erasmusa+ / Biura Współpracy z Zagranicą* |  |
| ADDITIONAL INFORMATION | |
| **KNOWLEDGE OF LANGUAGES** | |
| Polish: □ A1 □ A2 □ B1 □ B2 □ C1 □ C2 □ native speaker‬ English: □ A1 □ A2 □ B1 □ B2 □ C1 □ C2 □ native speaker French: □ A1 □ A2 □ B1 □ B2 □ C1 □ C2 □ native speaker German: □ A1 □ A2 □ B1 □ B2 □ C1 □ C2 □ native speaker‬ Other: ……………… □ A1 □ A2 □ B1 □ B2 □ C1 □ C2 □ native speaker (A1 – beginner; A2 – elementary; B1 – intermediate; B2 - upper-intermediate; C1 – advanced; C2 – proficiency) ‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬ | |
| **DO YOU WANT TO PARTICIPATE IN POLISH LANGUAGE COURSE FOR ERASMUS+ STUDENTS (FREE OF CHARGE) ? (60 hours during the semester)**  YES NO ‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬ | |
| STUDY PERIOD (please underline your option) 1st semester 2nd semester academic year ‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬ | |
| ACCOMMODATION (please underline your option) \* university dormitory (the number of places is limited) – please contact Erasmus+ Office as soon as possible‬‬‬‬‬‬‬‬‬  private dormitory (search by yourself) – several options are available‬‬‬‬‬: <http://www.kul.pl/accommodation,art_21803.html>‬‬‬‬  In order to book a room, you should contact the chosen dormitory as soon as possible (by e-mail / phone).  private flat (search by yourself) – Erasmus+ Office may have some offers of rooms and flats to rent but does not take any responsibility for privately rented flats‬‬‬‬‬‬‬‬‬  \* In accordance with Article 13 of the Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation), publ. EU Journal of Laws L No. 119, p. 1:   1. The administrator of your personal data processed for the purpose of assignment of accommodation in KUL university dormitory is: The John Paul II Catholic University of Lublin (address: Al. Racławickie 14, 20-950 Lublin, e-mail address: kul@kul.pl, phone: 814454101), represented by the Rector. 2. Data protection officer has been appointed at the John Paul II Catholic University of Lublin (contact details: e-mail address: iod@kul.pl, phone: 81 4453230). 3. Your personal data will be processed for the purpose of assignment of accommodation in KUL university dormitory. 4. Your personal data will be processed for the duration necessary for the realization of assignment of accommodation in KUL university dormitory, taking into account separate regulations (including archive regulations), and for reporting purposes. 5. The basis for processing your personal data is Article 6, section 1, subsection c) of the above-mentioned Regulation. 6. Your personal data will not be made available to other entities. 7. The person whose data will be processed has the right to: - access their personal data, as well as the right to correct or limit the processing of the personal data;   - lodge a complaint with the supervisory authority.  Assignment of accommodation in KUL university dormitory is carried out under the Law on Higher Education Act of 27 July 2005 (Dz. U., 2017, item 2183). If you apply for accommodation in KUL university dormitory, you are obliged to provide the requested data.    By my signature, I acknowledge that I have read and understand the above information:  …………………………………………………………..  (date, signature)  ‬‬‬‬‬‬‬‬‬ | |
| **CHECKLIST**  Please send this application form by email with the following documents:   * a photocopy of your passport‬‬‬‬‬‬‬‬‬ * a photocopy of health insurance policy‬‬‬‬ * a photocopy of accident insurance‬‬‬‬‬‬‬‬‬ * provisional Learning Agreement * A **certificate of the English language level** confirmed by the International Relations Office/Erasmus+ Office (at least B1 level; for English Studies programme at least B2) * a digital photo *(Please note that your photographs must be of good quality (300x300 pixels), full face and a plain white or off-white background, otherwise you will need to have a new one taken after your arrival, which means that you will wait for your student ID longer)*‬‬‬‬‬‬   **Please bring the hard copies of the application form and your Learning Agreement when you arrive at the university!**  Important notice:   * The forms must be typed. Handwritten forms will not be accepted! Remember to sign the forms and get them signed by your university! * **You must send a complete set of application documents to be accepted. Please also be aware of the fact that your level of English must be good (at least B1) - you must be able to understand, speak and write both general and academic English. If your English is of a poor level, you will not succeed in most subjects!**   Deadlines:   * Winter semester – July, 15 * Summer semester – November, 30 | |
| In accordance with Article 13 of the Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation), publ. EU Journal of Laws L No. 119, p. 1:   1. The administrator of your personal data is The John Paul II Catholic University of Lublin (address: Al. Racławickie 14, 20-950 Lublin, e-mail address: kul@kul.pl, phone: 814454101), represented by the Rector. 2. Data protection officer has been appointed at The John Paul II Catholic University of Lublin (contact details: e-mail address: iod@kul.pl, phone: 81 4453230). 3. Your personal data will be processed for the purpose of implementation of international student exchange programme. Keeping Erasmus+ students’ records is essential to achieve the above mentioned objective. 4. Your personal data will be processed for the duration necessary for the implementation of the above mentioned objective, taking into account retention periods specified in separate regulations (including archive regulations). Student personal files are archived for the period of 50 years. 5. The basis for processing your personal data is Article 6, section 1, subsection c) of the above-mentioned Regulation (compliance with a legal obligation to which the administrator is subject). 6. Your personal data will be transferred to National Agency for the Erasmus+ Programme and bodies competent to conduct inspections, check and audits. 7. Your personal data will not be transferred to third countries or international bodies from outside the European Economic Area. 8. The person whose data will be processed has the right to: - access their personal data, as well as the right to correct and limit the processing of the personal data;   - lodge a complaint with the supervisory authority.  The legal basis for keeping study records is stipulated in the act of 27 July 2005 – Law on Higher Education (Dz. U. of 2017, item 2183).  By my signature, I acknowledge that I have read and understand the above information:  …………………………………………………………..  (date, signature) | |
| **DECLARATION / OŚWIADCZENIE** | |
| I hereby declare that I will respect the Catholic character of The John Paul II Catholic University of Lublin.  ……………………………………………………..  (date, signature) | |
| **TO BE FILLED IN BY HOST UNIVERSITY**  ***WYPELNIA UCZELNIA PRZYJMUJACA*** | |
| Pan / Pani .......................................................................................................................  zostaje wpisany/-a na rok akademicki : ............................................................................  na: Wydział ....................................................................................................................  kierunek ..........................................................................................................................  studia stacjonarne I˚ / II˚ / III˚ / jednolite magisterskie  rok studiów .................  Student ma prawo do uczestniczenia we wszystkich zajęciach uzgodnionych ze swoim Koordynatorem Instytutowym, .............................................................. .  Student jest zwolniony ze wszystkich opłat za naukę oraz z opłaty za ubezpieczenie.  Data  Podpis i pieczęć | |