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|  | Application Form  for candidates applying for 6-yr Medicine Program at Collegium Medicum in 2023/2024 |

# Instructions

Use your computer to fill out the blank fields in the form. Once you print the form you need to sign it by hand. Submit a photocopy of the signed form along with other required documents to the university recruitment system before the application deadline. To secure your place you can deliver the application form along with other required documents (ORIGINALS) until **29/09/2023** to:

Instytut Nauk Medycznych (p. 3/16a)

Collegium Medicum UJK w Kielcach

al. IX Wieków Kielc 19A

25-317 Kielce

POLAND

# Personal data

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First name | |  | | | | | | | | Middle name |  |
|  | |  | | | | | | | |  |  |
| Surname | |  | | | | | | | | Passport № |  |
|  | |  | | | | | | | | Issued in  (country) |  |
|  | | | | | | | | | | | |
| Date of birth\* | | | | |  |  |  |  |  | Place of birth |  |
| **\*you must be 18 years old on 1st Oct 2022** | | | | | MM |  | DD |  | YYYY |  | (city, country) |
|  | | | | |  |  |  |  |  |  |  |
| Sex (insert **X** where appropriate) | | | | | Male |  | Female |  |  | Citizenship |  |
|  | | | | | | | | | | | |
| Father’s full name |  | | | | | | | | | Mather’s full name |  |
| Permanent address | | | | | | | | | | | |
| Street |  | | | | | | | | | City |  |
| Country |  | | | | | | | | | Postal code |  |
| Correspondence address (if different than permanent) | | | | | | | | | | | |
| Street |  | | | | | | | | | City |  |
|  |  | | | | | | | | |  |  |
| Country |  | | | | | | | | | Postal code |  |
| Contact details | | | | | | | | | | | |
| Phone number |  | |  | + | |  |  | | | Email address |  |
| Emergency contacts (these people will be contacted in case of emergency) | | | | | | | | | | | |
| **1. contact** | | | | | | | | | | | |
| First name |  | |  |  | | | | | | Surname |  |
|  | | | | | | | | | | | |
| Phone  number |  | |  | + | |  |  | | | Email address |  |
| **2. contact** |  | |  |  | |  |  | | |  |  |
| First name |  | |  |  | | | | | | Surname |  |
|  |  | |  |  | |  |  | | |  |  |
| Phone  number |  | |  | + | |  |  | | | Email address |  |

**I enclose the following documents**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | YES |  | NO |  | Comment |
| Health questionnaire |  |  |  |  | A photocopy is required for the electronic application, an original should be delivered per post/DHL up to 2 weeks after application acceptance |
|  |  |  |  |  |  |
| Personal statement with applicant’s signature |  |  |  |  | A photocopy is required for the electronic application, an original should be delivered per post/DHL up to 2 weeks after application acceptance |
|  |  |  |  |  |  |
| High school leaving examination certificate with grades |  |  |  |  | A photocopy is required for the electronic application, an original should be delivered per post/DHL up to 2 weeks after application acceptance (ORIGINALS ARE FOR REVIEW ONLY and WILL BE RETURENED) |
|  |  |  |  |  |  |
| English language certificate (if applicable) |  |  |  |  | A photocopy is required for the electronic application, an original should be delivered per post/DHL up to 2 weeks after application acceptance (ORIGINALS ARE FOR REVIEW ONLY and WILL BE RETURENED) |
|  |  |  |  |  |  |
| 3 photography (3.5 cm x 4.5 cm. The face accounts for 70 percent to 80 percent of the photo) |  |  |  |  | One original photo is required for the electronic application, the photo should be delivered per post/DHL up to 2 weeks after application acceptance |

**I hereby apply for the 6-year Medicine Program in English at Jan Kochanowski University and certify that the information I have given is complete and correct.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date of signature |  |  |  |  |  | Handwritten signature |  |
|  | MM |  | DD |  | YYYY |  |  |