



AMERICAN MEDICAL ACADEMY INC.

AMA POLAND Z.O.O.

AMA-AP Campus

Name: Date of Birth:

Last First Middle dd/mm/year

**Sex:** Male Female **Marital Status:** Single Married

Citizenship: Place of Birth:

City/Country

Passport#: Date Issued: Place Issued:

Home Address:

Street Box/Apt.# City Country Zip Code

( ) ( )

Telephone Number Mobile Number Email Address

|  |  |
| --- | --- |
| **Mailing Address (if different):** |  |
| Street Box/Apt.# City**( )** |  | Country | Zip Code |
| Telephone Number | Email Address |  |  |

**Educational Background**

|  |
| --- |
| **School finished** (*You must attach an official copy of transcripts from all schools attended as well as your school leaving diploma or certificate*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Location** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**year of completion**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **I’m studying/have studied\* at (name of the University** (*You must attach an official copy of transcripts from all schools attended as well as your school leaving diploma or certificate):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **I work/have worked at** (*Your recommendation letter is appreciated) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# Please list all languages you speak and your level of knowledge:

|  |  |
| --- | --- |
| Language | Degree of Knowledge (Beginner, Intermediate, Advanced) |
|  |  |
|  |  |
|  |  |

**I have learned about the University from:**

□ media □ fair

□ leaflet □ friends/family members

□ posters □ Internet

□ banners/billboards □ other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ radio / TV adds

**General Information**

All applicants are required to provide a CV, a copy of their passport, 3 current photos (passport format), and a copy of his/her academic transcripts for admission consideration.

I certify that I have completed this application myself and without assistance; the information given in this application is complete and accurate.

#### I give my consent for archiving and processing my data for the aims necessary for recruitment and studying purposes, according to the Law on personal data protection (acting edition – 2002, Dz. U. nr 101 pos. 926 with amendments), by giving my signature

 **I, therefore, confirm the authenticity of all the above data**

**Signature of Applicant Date**