



AMERICAN MEDICAL ACADEMY INC.
AMA POLAND Z.O.O.
AMA Polish 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:

- | | |
|---|---|
| <input type="checkbox"/> media | <input type="checkbox"/> fair |
| <input type="checkbox"/> leaflet | <input type="checkbox"/> friends/family members |
| <input type="checkbox"/> posters | <input type="checkbox"/> Internet |
| <input type="checkbox"/> banners/billboards | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> 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

