KATOLICKI UNIWERSYTET LUBELSKI JANA PAWŁA II

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| **APPLICATION FORM / *ANKIETA OSOBOWA***ERASMUS STUDENT 2024/2025 | 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 / *Imie ojca* |  |
| Mother’s first name / *Imie matki* |  |
| E-mail address / *Adres e-mail* |  |
| Address / *Adres* |  |
| Street / *Ulica* |
| Zip code / *Kod pocztowy* |  |
| Town / *Miasto* |  |
| Country / *Kraj* |  |
| Nationality / *Narodowość* |  |
| Citizenship / *Obywatelstwo* |  |
| ID or passport number / *Numer dowodu osobistego lub paszportu* | ID:Passport: |
| Mobile phone number with prefix */ Numer telefonu komórkowego* |  |
| Contact person in case of emergency(name/address/phone) / *Osoba, która nalezy powiadomic w razie wypadku (dane osoby/adres/telefon)* | Name & surname: Address (street/number/zip code/city):Phone: |

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| **HOME INSTITUTION / *INSTYTUCJA WYSYŁAJĄCA*** |
| Name / *Nazwa* |  |
| Address / *Adres* |  |
| Faculty / *Wydzial* |  |
| Level of study/*Poziom studiow* | BA *(studia licencjackie)*MA *(studia magisterskie) –*PhD *(studia doktoranckie) –*  |
| Field of study/ *Kierunek studiow* |  |
| 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 / *Pieczatka i podpis Biura Erasmusa+ / Biura Wspolpracy z Zagranica* |  |
| ADDITIONAL INFORMATION |
| **KNOWLEDGE OF LANGUAGES** |
| English: □ A1 □ A2 □ B1 □ B2 □ C1 □ C2 □ native speaker Polish: □ A1 □ A2 □ B1 □ B2 □ C1 □ C2 □ native speaker‬Other: ……………… □ 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 ‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬ |
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| ACCOMMODATION (please underline your option)* \* university dormitory (the number of places is limited) – please contact Erasmus+ Office as soon as you submit the complete set of required application documents‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬
* private dormitory (search by yourself) – please check the list of private dormitories available in *Guide for Erasmus+ students*: [www.kul.pl/Erasmus.eng](http://www.kul.pl/Erasmus.eng) 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

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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 the complete set of application documents by e-mail to incoming@kul.pl **Required documents:*** application form (please remember about the photograph on the first page)
* photocopy of your ID or your passport‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬
* photocopy of health insurance policy ‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬
* photocopy of accident insurance policy‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬
* **\***provisional Learning Agreement signed by you and your home university (preferably Online Learning Agreement)
* certificate of the English language level (at least B1 level; for English Studies programme at least B2)
* digital colour passport photograph sent by e-mail *(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)* ‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬‬

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 or whole academic year – July, 15**
* **Summer semester – November, 30**
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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 / *WYPEŁNIA UCZELNIA PRZYJMUJĄCA*** |
| Pan / Pani ...........................................................................................................................zostaje wpisany/-a na rok akademicki : ............................................................................na: Wydział ........................................................................................................................kierunek .............................................................................................................................studia stacjonarne I˚ / II˚ / III˚ / jednolite magisterskierok studiów ................. Student ma prawo do uczestniczenia we wszystkich zajęciach uzgodnionych ze swoim Koordynatorem Kierunkowym, .......................................................................................................Student jest zwolniony ze wszystkich opłat za naukę oraz z opłaty za ubezpieczenie.DataPodpis i pieczęć |