VINCENT POL UNIVERSITY IN LUBLIN

ul. Choiny 2, 20-816 Lublin, Poland , tel. +48 81 740 25 04, www.vpu.edu.pl, e-mail: infoenglish@pol.edu.pl

APPLICATION FORM

I would like to apply for the following studies at Vincent Pol University in Lublin for the academic year **2026/2027**
☐ **October Intake** ☐ **March Intake**.
(please, select one):

☐ **NURSING**
full-time first-cycle studies (3-year bachelor)

☐ **MIDWIFERY**
full-time first-cycle studies (3-year bachelor)

☐ **PHYSIOTHERAPY**
full-time long-cycle studies (5-year master)

☐ **BEAUTY SCIENCE**
full-time first-cycle studies (3-year bachelor)

☐ **INTERNATIONAL BUSINESS MANAGEMENT**
full-time first-cycle studies (3-year bachelor)
specialty: ☐ Managerial Economics ☐ International Business

☐ **TOURISM AND HOSPITALITY MANAGEMENT**
specialty: ☐ Hospitality Management ☐ Tourism Management
full-time first-cycle studies (3-year bachelor)

☐ **CLINICAL NUTRITION AND DIETETICS**
specialty: ☐ Clinical Nutrition ☐ Dietetics in Sports and Fitness
full-time first-cycle studies (3-year bachelor)

☐ **PARAMEDIC SCIENCE**
full-time first-cycle studies (3-year bachelor)

☐ **NURSING**
full-time second-cycle studies (2-year master)

☐ **INTERNATIONAL BUSINESS MANAGEMENT**
full-time second-cycle studies (2-year master)

☐ **INTERNATIONAL TOURISM**
full-time second-cycle studies (2-year master)

☐ **CLINICAL NUTRITION AND DIETETICS**
full-time second-cycle studies (2-year master)

SEX : ☐ M ☐ F

POLISH CARD: ☐ YES ☐ NOT APPLICABLE

PERSONAL DETAILS: /FILL IN CAPITAL LETTERS/

FIRST NAME		SURNAME	
MAIDEN NAME			
DATE OF BIRTH (day/month/year)		PLACE OF BIRTH	
PARENTS' NAME	*father*	*mother*	NATIONALITY
ID/PASSPORT NUMBER		COUNTRY OF PERMANENT RESIDENCE	
VISA NUMBER		RESIDENCE CARD NUMBER	

PERMANENT ADDRESS

street & no		
post code	*town/city/province*	*country*

CORRESPONDENCE ADDRESS *

street & no		
post code	*town/city/province*	*country*

TELEPHONE NUMBER		E-MAIL	

**Fill in if correspondence address is different from permanent address*

I hereby certify that the above data are true and correct – under pain of criminal liability (pursuant to art. 233, 272 and 297 of the Criminal Code)
I hereby give consent for my personal data to be processed for the purposes necessary for admission process by Vincent Pol University in Lublin, ul. Choiny 2, pursuant to art. 23 section 1 item 1 of the Act of 29 August 1997 on the Protection of Personal Data (i.e. Journal of Laws of 2016, item 922) and pursuant to art.6 section1 letter a of the General Data Protection Regulation of the European Parliament and the Council (EU) of 27 April 2016 RODO (the Official Journal of the European Union of 2016 No. 119.) from the effective date of the aforementioned regulation.

Date and Candidate's signature

SECONDARY SCHOOL ATTENDED:

SCHOOL NAME

CITY/TOWN AND COUNTRY

CERTIFICATE NUMBER | START DATE | END DATE

COLLEGE/UNIVERSITY ATTENDED:

COLLEGE/UNIVERSITY NAME

CITY/TOWN AND COUNTRY

TYE OF DEGREE AWARDED | BACHELOR ☐ | MASTER ☐ | NONE ☐

PROGRAMMES/COURSES

DIPLOMA NUMBER | START DATE | END DATE

ENGLISH LANGUAGE SKILLS (Please, state the level of fluency in English, marking right blank)

	PROFICIENCY	ADVANCED	INTERMEDIATE	ELEMENTARY
READING	☐	☐	☐	☐
WRITING	☐	☐	☐	☐
SPEAKING	☐	☐	☐	☐

ENGLISH LANGUAGE CERTIFICATES (if any)

NAME OF TEST	GRADE/ SCORE	DATE OF EXAMINATION

PERSON CONTACT IN CASE OF AN EMERGENCY

NAME

RELATIONSHIP | TELEPHONE NUMBER | E-MAIL

ADDRESS

DO YOU INTEND TO APPLY FOR UNIVERSITY ACCOMMODATION?

NO ☐ SINGLE ROOM ☐ DOUBLE ROOM ☐

ENCLOSURES:

1. **Secondary school (maturity) certificate** and **secondary school transcript,** entitling to continue university-level study in country in which the diploma was issued
2. **Bachelor diploma** and **Academic transcript** (only in the case of applications for Master studies), entitling to continue Master-level study in country in which the diploma was issued
3. **Legalisation** (or ***Apostille)*** **of above mentioned documents**
4. **Sworn translations into Polish or English language** of all the documents listed above
5. **The NAWA Director's individual recognition statement**
6. **Certificate of English Language Proficiency** (at least B2 level)
7. **The result of entrance exam examination** (if applicable)
8. **Copy of passport** (page with personal data), a copy of a visa or of a resident card
9. **Health certificate** including a clause that the student is in good health and that there are no objections to undertake studies, (additional medical certificate stating the capacity for studying Physiotherapy, Beauty Science and Sport Science)
10. **A copy of health insurance policy**
11. **4 current photographs** (35mm x 45mm, at least one colour photograph)

Financial declaration for studies:

I shall be obliged to pay for studies at Vincent Pol University in Lublin, in accordance with the conditions set in the Rules and Regulations of the University. I acknowledge that payments shall be made in advance, by 5th October and 5th February (in the case of EU students), and 1-year tuition fee shall be paid in advance before applying for a student visa (in the case of applicants for 1-year student visa). In the case of payment delays the University is entitled to claim interest. The basis for financial clearance of a student is the date of written termination of study agreement.

I acknowledge and agree to the tuition fee refund policy of the university.

I, the undersigned, give consent for my personal image to be used by Vincent Pol University in Lublin, for the system of Electronic Student ID Card, and for Student Book and Diploma. This consent is given for an unlimited period of time, free of charge, without any objective or subjective limitations.

…….

Date and Candidate's signature