



KUJAWSKO-POMORSKA SZKOŁA WYŻSZA W BYDGOSZCZY

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(Photograph)

ACADEMIC YEAR: 201... /201....

WINTER TERM / SUMMER TERM

FIELD OF STUDY:

This application should be completed in **BLACK** in order to be easily copied and/or telefaxed.

SENDING INSTITUTION

Name and full address:.....

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Department coordinator - name, telephone and fax numbers, e-mail

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Institutional coordinator - name, telephone and fax numbers, e-mail

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STUDENT'S PERSONAL DATA

(to be completed in capitals by the student applying)

Family name: First name (s):

Date of birth:

Sex:

Nationality:.....

Place of Birth: Permanent address (if different):

Current address:

.....

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Current address is valid until: Tel.:

Tel.:

E-mail:

