



APPLICATION FORM 2024 / 2025

FORMULARZ APLIKACYJNY 2024 / 2025

A. INFORMATION OF THE TYPE AND FIELD OF FULL TIME STUDIES APPLIED:

INFORMACJE O WYBRANYM KIERUNKU I POZIOMIE STUDIÓW DZIENNYCH:

| | | |
|------------------------------------|--------------------------------------|----------------------------|
| PROGRAM <small>PROGRAM:</small> | Bachelor of Business Administration: | <input type="checkbox"/> |
| | Master of Business Administration: | <input type="checkbox"/> |
| | Doctor of Business Administration: | <input type="checkbox"/> |
| | Other(please specify): | <input type="checkbox"/> * |

B. PERSONAL INFORMATION:

DANE OSOBOWE:

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|--|---|---|---|--|
| GENDER: <small>PŁEĆ:</small> | <input type="checkbox"/> FEMALE <small>KOBIETA</small> | <input type="checkbox"/> MALE <small>MĘŻCZYZNA</small> | MARITAL STATUS: <small>STAN CYWILNY:</small> | |
| CITIZENSHIP: <small>OBYWATELSTWO:</small> | | | NATIONALITY: <small>NARODOWOŚĆ:</small> | |
| COUNTRY OF BIRTH: <small>KRAJ POCHODZENIA:</small> | | | COUNTRY OF RESIDENCE: <small>KRAJ ZAMIESZKANIA:</small> | |
| PLACE OF BIRTH: <small>MIEJSCE URODZENIA:</small> | | | DATE OF BIRTH (DD-MM-YY): <small>DATA URODZENIA (DD-MM-RR):</small> | |
| LAST NAME/SURNAME: <small>NAZWISKO:</small> | | | | |
| FIRST NAME: <small>PIERWSZE IMIĘ:</small> | | | SECOND NAME: <small>DRUGIE IMIĘ:</small> | |
| FAMILY NAME: <small>NAZWISKO RODOWE:</small> | | | | |
| FATHER'S NAME: <small>IMIĘ OJCA:</small> | | | | |
| MOTHER'S MAIDEN NAME: <small>NAZWISKO PANIEŃSKIE MATKI:</small> | | | | |
| PASSPORT NUMBER: <small>NUMER PASZPORTU:</small> | | | DATE OF ISSUE (DD-MM-YY): <small>DATA WYDANIA (DD-MM-RR):</small> | |
| | | | DATE OF EXPIRY (DD-MM-YY): <small>DATA WYGAŚNIĘCIA (DD-MM-RR):</small> | |

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|--|--|
| ISSUED BY (INSTITUTION): <small>ORGAN WYDAJĄCY:</small> | |
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C. PERMANENT HOME ADDRESS:

ADRES ZAMIESZKANIA:

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| COUNTRY: <small>KRAJ:</small> | |
| REGION/STATE: <small>REGION:</small> | |
| ZIP/POSTAL CODE: <small>KOD POCZTOWY:</small> | |
| POST OFFICE: <small>POCZTA:</small> | |
| CITY/TOWN: <small>MIEJSCOWOŚĆ:</small> | |
| STREET: <small>ULICA:</small> | |
| BUILDING AND APARTMENT №: <small>NUMER DOMU I MIESZKANIA:</small> | |
| TELEPHONE NUMBER: <small>NUMER TELEFONU:</small> | |
| E-MAIL ADDRESS: <small>ADRES E-MAIL:</small> | |

D. CORRESPONDENCE ADDRESS:

ADRES KORESPONDENCYJNY:

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|--|--|
| COUNTRY: <small>KRAJ:</small> | |
| REGION/STATE: <small>REGION:</small> | |
| ZIP/POSTAL CODE: <small>KOD POCZTOWY:</small> | |
| POST OFFICE: <small>POCZTA:</small> | |
| CITY/TOWN: <small>MIEJSCOWOŚĆ:</small> | |
| STREET: <small>ULICA:</small> | |
| BUILDING AND APARTMENT №: <small>NUMER DOMU I MIESZKANIA:</small> | |
| TELEPHONE NUMBER: <small>NUMER TELEFONU:</small> | |
| E-MAIL ADDRESS: <small>ADRES E-MAIL:</small> | |

* FIELD OF STUDY AVAILABLE AT THE FIRST CYCLE STUDIES (BACHELOR) / KIERUNEK STUDIÓW DOSTĘPNY NA STUDIACH I-GO STOPNIA (LICENCJACKICH)

| E. ENTRY QUALIFICATION: <small>KWALIFIKACJE WSTĘPNE:</small> | | | | | | |
|--|---|---|--|---|--|---|
| LAST SECONDARY SCHOOL ATTENDED: / <small>OSTATNIA UKOŃCZONA SZKOŁA ŚREDNIA:</small> | | | | | | |
| SCHOOL NAME: <small>NAZWA SZKOŁY:</small> | | | | | | |
| CITY/TOWN AND COUNTRY: <small>MIEJSCOWOŚĆ I KRAJ:</small> | | | | | | |
| DATES ATTENDED: <small>LATA UCZĘSZCZANIA:</small> | | | | | | |
| YEAR OF GRADUATION: <small>ROK UKOŃCZENIA:</small> | | | | | | |
| LAST COLLEGE/UNIVERSITY ATTENDED: / <small>OSTATNIA UKOŃCZONA SZKOŁA WYŻSZA:</small> | | | | | | |
| COLLEGE/UNIVERSITY NAME: <small>NAZWA SZKOŁY:</small> | | | | | | |
| CITY/TOWN AND COUNTRY: <small>MIEJSCOWOŚĆ I KRAJ:</small> | | | | | | |
| DATES ATTENDED: <small>LATA UCZĘSZCZANIA:</small> | | | | | | |
| YEAR OF GRADUATION: <small>ROK UKOŃCZENIA:</small> | | | | | | |
| TYPE OF DEGREE AWARDED: <small>UZYSKANY TYTUŁ:</small> | <input type="checkbox"/> BACHELOR / <small>LICENCIAT</small> | | <input type="checkbox"/> MASTER / <small>MAGISTER</small> | | <input type="checkbox"/> NONE / <small>ŻADEN</small> | |
| MAJOR: <small>KIERUNEK:</small> | | | | | | |
| ENGLISH LANGUAGE SKILLS / <small>UMIEJĘTNOŚCI JĘZYKOWE</small> | | | | | | |
| <small>(Please, state the level of fluency in English, marking right blank): / (Proszę określić stopień zaawansowania języka angielskiego zaznaczając właściwe pole):</small> | | | | | | |
| | Proficiency <small>/Biegły</small> | Advanced <small>/Zaawansowany</small> | Upper-intermediate <small>/Średniozaaw. wyższy</small> | Intermediate <small>/Średniozaawansowany</small> | Pre-intermediate <small>/Średniozaaw. niższy</small> | Elementary <small>/Podstawowy</small> |
| Reading / <small>Czytanie</small> | | | | | | |
| Writing / <small>Pisanie</small> | | | | | | |
| Speaking / <small>Mówienie</small> | | | | | | |
| F. LANGUAGE EXAMS / <small>EGZAMINY JĘZYKOWE</small> | | | | | | |
| <small>(if taken): / (Jeśli dotyczy):</small> | | | | | | |
| Type of test taken / <small>Rodzaj egzaminu</small> | | | | | Date / <small>Data</small> | Score / <small>Wynik</small> |
| | | | | | | |
| | | | | | | |
| I declare that the statements made by me on this form are to the best of my knowledge and belief, true, and correct <small>(Oświadczam, że podane przeze mnie informacje są zgodne z prawdą)</small> <div style="text-align: center;">----- Date and candidate's signature / <small>Data i podpis kandydata</small> </div> | | | | I agree to enter the database and process my personal data for the use of the UITM <small>(Zgadzam się na wprowadzenie do bazy i przetwarzanie moich danych osobowych na potrzeby WSiLIZ)</small> <div style="text-align: center;">----- Candidate's signature / <small>Podpis kandydata</small> </div> | | |

To,
The President
University of Information Technology and Management (UITM)
Center of Graduate Studies and Lifelong Learning (CGSLL)
Rzeszow, Poland
Date:

UNCONDITIONAL SELF DECLARATION

This is to unconditionally declare that I _____ hereby apply to the University of Information Technology and Management, Center of Graduate Studies and Lifelong Learning to study for the following course at the following validated partner center, details of which are:

Name of course _____

Duration of course _____

Name and address of validated partner center of UITM, CGSLL:

I also hereby further unconditionally declare that if accepted by the university, I am fully aware that the above course is an adult oriented course. I also fully understand that it is not a degree programme but a professional NON ACADEMIC programme. I also understand that the course is delivered on an off campus mode and not on a full time mode basis.

Signature of student

Signature of director of
validated partner center (witness)