

APPLICATION FORM

Field of Study

Please, select one of the programs proposed below.

Bachelor Programs

- BA English Studies
- BA Cross-Cultural Management
- BA International Business Relations

Master Programs

- MA Psychology in English
- MA English Studies

Academic Year

Please, select the year you expect to start your study at SWPS

- 2011, Fall
- 2012, Fall

Personal data, *Please, insert personal data. All the mandatory fields are marked with the asterisk (*).*

*First Name:

Middle name:

*Last Name:

*Gender: Male / Female

* Date of Birth: *Please, use date format: dd-mm-yyyy.*

* Place of Birth:

* Nationality:

*Citizenship:

*Passport / ID number:

*Expiration Date:

Parents Data

If you are under age/ parental control, fill in following optional fields.

- Parent or guardian family name:

- Parent or guardian first name:

Contact Information *Please, insert your contact information.*

- *(Mobile) Phone: *Please, fill in the number with country prefix.*
- Second Phone: *Please, fill in the number with country prefix.*
- *E-mail Address:

Address

Permanent Address

- *Street (House No.):
- *City:
- *If you have Polish address, fill in City, Region.*
- *POST / ZIP code:
- *Country:

Temporary / Correspondence Address

- *If the temporary and permanent address is the same, check the box.*
- *Street (House No.):
- *City:
- *POST / ZIP code:
- *Country:

Language Proficiency *Please, specify your language skills.*

- Foreign Language: - Fluent Good Average Weak
- Second Foreign Language: - Fluent Good Average Weak

School(s) Attended

High School

- *Institution Name:
- *Full Address:
- *Attended From:
- *Please, use date format: dd-mm-yyyy.*
- *(Expected) Attended To:
- *Please, use date format: dd-mm-yyyy.*
- *Degree Obtained:

Institution # 2

- *Institution Name:
- *Full Address:
- *Attended From:
- *Please, use date format: dd-mm-yyyy.*
- *(Expected) Attended To:
- *Please, use date format: dd-mm-yyyy.*
- *Degree Obtained:

English Language Certificates (*please specify type and level*):

Disclaimer

The information contained in this application will be used for the purpose of processing your application and, if you were admitted, data will be part of your University student records. All data is held and processed with the requirements of the Data Protection Act.

Admission statement and agreement

If the Warsaw School of Social Sciences and Humanities/SWPS requests additional information pertaining to my academic and personal records other than what is shown in my official transcript, I hereby authorize the educational institutions mentioned here in to release of such information to SWPS. I understand that upon becoming a student at SWPS, I assume the obligation to follow rules and regulations outlined by SWPS and the properly constituted authorities. My signature below indicates that all information contained within is complete, factually correct, and honestly presented.

I agree to subscribe my e-mail address to SWPS Virtual School Service

***How did you learn about us?**