

JAGIELLONIAN UNIVERSITY IN KRAKOW CENTRE FOR EUROPEAN STUDIES Application to Register as a Year/Semester Abroad Student

First name: _____ Second name: _____

Surname: _____

Father's name: _____ Mother's name: _____

Date of Birth: (day)____ (month)____ (year)____ Place of Birth (city/country): _____

Citizenship: _____ Sex: Male Female

Passport number: _____ Place of issue: _____

Date of issue: (day)____ (month)____ (year)____ Date of validity: (day)____ (month)____ (year)____

Issuing authority: _____

Telephone number: _____ E-mail: _____

Home University: _____

Major of Study: _____

Year of Studies: _____

Home University office to which transcripts should be sent: _____

Programme: Year Abroad (September– June)
Semester Abroad (September – December)
Semester Abroad (February – June)

Academic Year of Entry: _____

Address

Permanent address:

Street: _____

Home number: _____

Postal code: _____

City/District/Region: _____

Country: _____

Correspondence address: from..... until

Street: _____

Language instruction

Students usually complete at least one language course per semester. Level of proficiency will be assessed at the start of the semester by the instructor. Please state which of the language courses you plan to take.

	Absolute Beginners	Beginners	Intermediate	Advanced
Polish language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Russian language		<input type="checkbox"/>		
German language		<input type="checkbox"/>		
French language		<input type="checkbox"/>		

Have you ever been convicted of a criminal offence (other than a driving offence)?

No Yes (please specify) _____

Please give details of how you found out about the year abroad programme for which you are applying:

<input type="checkbox"/> Website/Internet	<input type="checkbox"/> Polish Embassy	<input type="checkbox"/> Visited the University	<input type="checkbox"/> Scholarship/Grant Institution
<input type="checkbox"/> Prospectus	<input type="checkbox"/> Poster	<input type="checkbox"/> Colleague/friend	<input type="checkbox"/> Professor/Academic Adviser
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Other (please state) _____		

Housing: All undergraduate Study Abroad students will be housed in the University halls of residence unless they choose otherwise.

Please do not forget to send this application form together with your **letter of support from your home university, CV (résumé), transcript, 2 passport photographs and a copy of the photo page from your passport.** If you would like any other materials or documents to be considered in support of your application please enclose them.

Please refer to our webpage for bank account details, or send a copy of the receipt for the transfer to the CES office. Please remember to state clearly on all bank transfers the name of the student in whose name the money is being paid.

The Centre for European Studies at the Jagiellonian University does not discriminate on the basis of age, gender, sexual orientation, race, national or ethnic origin, religion or political convictions.

All information on this application and appended thereto is protected by Polish data protection laws. I understand that it will not be released to any other parties than the staff and faculty of the Jagiellonian University, and consent to its use for the purposes of selection and administration of the study programme. All materials submitted with this application may be disclosed to the applicant on demand.

All information supplied by me on this application is, to the best of my knowledge, true and complete. I understand that misrepresentation is sufficient reason for denial of admission and may be considered grounds for terminating student status if such a misrepresentation is discovered at a later date. Unsigned applications will not be considered.

SIGNATURE _____ DATE _____

Please return to:
Centre for European Studies, Study Abroad Programme, Jagiellonian University, ul. Garbarska 7a, 31-131 Kraków, Poland.
Tel: +48 (12) 429-6195
ces.office@uj.edu.pl
www.ces.uj.edu.pl

PLVS RATIO



QVAM VIS

INFORMACJA O PRZETWARZANIU DANYCH OSOBOWYCH na potrzeby przebiegu studiów / **INFORMATION ABOUT PERSONAL DATA PROCESSING** for the course of studies

Zgodnie z art. 13 rozporządzenia Parlamentu Europejskiego i Rady (UE) 2016/679 z dnia 27 kwietnia 2016 r. w sprawie ochrony osób fizycznych w związku z przetwarzaniem danych osobowych (...) („**Rozporządzenie Ogólne**”) Uniwersytet Jagielloński informuje, że: *In accordance with Article 13 of the Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data (...) (“General Regulation”) the Jagiellonian University hereby informs that:*

- I. **Administratorem** Pani/Pana danych osobowych jest Uniwersytet Jagielloński w Krakowie, ul. Gołębia 24, 31-007 Kraków. *The Jagiellonian University in Kraków, ul. Gołębia 24, 31-007 Kraków is the personal data controller.*
- II. W Uniwersytecie Jagiellońskim został powołany **Inspektor Ochrony Danych**, ul. Gołębia 24 pok. 31, adres e-mail: iod@uj.edu.pl, tel. (12) 663 12 25. *Data protection officer has been appointed at the Jagiellonian University: ul. Gołębia 24 room 31, e-mail address: iod@uj.edu.pl, phone: (+48) 12 6 63 1 2 25.*
- III. Pani/Pana dane osobowe będą przetwarzane w celu dokumentacji przebiegu studiów na podstawie przepisów ustawy z dnia 27 lipca 2005 r. – Prawo o szkolnictwie wyższym oraz aktów wykonawczych do tej ustawy przez czas trwania studiów, a następnie w celach archiwalnych przez okres 50 lat. *Your personal data will be processed in relation with the documentation of your course of study in accordance with the Law on Higher Education Act of 27 July 2005 and its secondary legislation, for the duration of the programme of study, and subsequently for archiving purposes for the period of 50 years.*
- IV. Odbiorcami Pani/Pana danych osobowych są: Fundacja Studentów i Absolwentów Uniwersytetu Jagiellońskiego „Bratniak” – jeżeli będzie Pani/Pan korzystać z zakwaterowania w domach studenckich, uczelnie partnerskie, na których będzie Pani/Pan chciał(a) odbywać zajęcia (uczelnie w kraju oraz za granicą np. w ramach wymian Erasmus+), Zakład Ubezpieczeń Społecznych, Narodowy Fundusz Zdrowia, Ministerstwo Nauki i Szkolnictwa Wyższego (system POL-on), Wojskowa Komenda Uzupełnień, *The following institutions will be the recipients of your personal data: JU Student and Graduate Foundation “Bratniak”— should you live in student housing, partner universities where you may choose to attend courses (other universities in Poland and abroad, e.g. as part of Erasmus+ exchange), Social Insurance Institution, National Health Fund, Ministry of Science and Higher Education (POL-on system), Army Recruiting Command,*
- V. Dostęp do Pani/Pana danych posiadają upoważnieni przez administratora pracownicy i współpracownicy, którzy muszą mieć dostęp do danych, aby wykonywać swoje obowiązki. *Access to your data will be granted to employees and associates authorized by the controller, who have to access your data to fulfill their duties.*
- VI. Podanie przez Panią/Pana danych osobowych jest obowiązkiem wynikającym z przepisów ustawy Prawo o szkolnictwie wyższym. *You are required to provide your personal data on the basis of the regulations of the Law on Higher Education Act.*
- VII. Posiada Pani/Pan prawo do: dostępu do treści swoich danych oraz ich sprostowania i ograniczenia przetwarzania. *You have the right to access the content of your data and to its rectification, as well as to the restriction of its processing.*
- VIII. Prawo do przenoszenia Pani/Pana danych realizowane jest tylko w przypadku wynikającym z art. 165 ustawy Prawo o szkolnictwie wyższym, tzn. w związku z chęcią przeniesienia z uczelni macierzystej na inną uczelnię, w tym uczelnię zagraniczną. *Your right to data portability is only realized in the situation resulting from Article 165 of the Law on Higher Education Act, i.e. if you wish to transfer from the home university to another university, including a university abroad.*
- IX. Ma Pani/Pan prawo wniesienia skargi do Prezesa Urzędu Ochrony Danych Osobowych, jeżeli uzna Pani/Pan, że przetwarzanie Pani/Pana danych osobowych narusza przepisy Rozporządzenia Ogólnego. *You have the right to lodge a complaint to the President of the Office for Personal Data Protection if you consider that the processing of your personal data infringes the provisions of the General Regulation.*

Potwierdzam, że zapoznałem(am) się z powyższymi informacjami i przyjmuję je do wiadomości.
I confirm that I have read the above information and accept it.

LEGIBLE SIGNATURE _____ DATE: _____