

FULL NAME: JAN KOWALSKI

International Application Form



Central European Regional Office
of the University of Wolverhampton

ul. Podmurna 101/3 87-100 Toruń Poland
tel./fax: 0048 56 664 10 86

The University of Wolverhampton's application form enables you to apply directly to the University for any non-Agency course. Please read carefully the accompanying Notes for Guidance before completing this form

International Office
University of Wolverhampton
Wulfruna Street
WOLVERHAMPTON
WV1 1SB
United Kingdom

Telephone: (+44 1902) 321000
Fax: (+44 1902) 322070
E-mail: internationaladmissions@wlv.ac.uk
Internet: www.wlv.ac.uk

1. PERSONAL DETAILS

Family Name: KOWALSKI

First/Given Name(s) JAN

Title (Mr/Mrs/Miss/Ms etc): Mr

Main Contact Address Home Address (if different)

UL. PODMURNA 101 / 3

87 - 100 TORUŃ

..... Country POLAND Country

Main Contact Telephone Number: +48 56 664 10 86
(Including Country Code)

Home Telephone Number (if different):

Email Address studia@conversa.pl Fax Number

(Including Country Code)

SEX: Male (M) Female (F)

Date of Birth: (e.g. 15.03.1972)

Day	Month	Year
1	1	05
1	9	90

DISABILITY/SPECIAL NEEDS

If you have a disability/special need and may require extra support in your study or accommodation, please enter in the box the type of disability code (See notes for guidance)

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Please give details of any disability and indicate clearly what needs you have

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2. FURTHER DETAILS

Nationality: POLISH Country of Permanent Residence: POLAND

Country of Birth: POLAND Residential Category: A
(See Notes for Guidance)

Have you lived within the UK during the past three years? YES/NO If YES, please state date of first entry to live in the UK

Day	Month	Year

Who will be paying your tuition fees? (Please give full name and address)
STUDENT LOANS COMPANY

3. DETAILS OF COURSE(S) TO WHICH YOU WISH TO APPLY (for further information please see the University prospectus)

Course Title/Subject Name(s)	Preference Order	Year/Month of Entry e.g. 2004 September	Point of Entry e.g. Year 1,2,3	Level: Postgraduate/ Undergraduate/ Professional	Mode of study: Full time/Sandwich/ Part time/ Distance Learning
BA (Hons) PUBLIC RELATIONS	1	SEPTEMBER 2009	1	UNDERGRADUATE	FULL TIME
BA (Hons) WAR STUDIES	2	SEPTEMBER 2009	1	UNDERGRADUATE	FULL TIME

Please indicate how you heard of these courses: e.g. Prospectus, British Council, Advertising, Fair
ROADSHOW OF POLAND

4. WORK EXPERIENCE (Please consult Notes for Guidance before completing this section. Give details of work experience, training and employment. Continue on a separate sheet if necessary.)

Employer Name/Training Body	Type of Business	Your Job Title	Part time/ Full time	From		To	
				Month	Year	Month	Year

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5A QUALIFICATIONS GAINED: (If Exchange student write type of programme, e.g. ERASMUS)

English Language Qualification: Please indicate TOEFL/CBT Score
 IELTS Score
 Other: MATURA PENDING
 (please specify)

Qualifications

Name of Qualification	Duration/Date (Number of months/years)	Mode of Study (full time/part time)	Subject(s)	Result	Place of Study
FCE				GRADE A	TORUN

Please enclose copies of the above qualifications. Please do NOT send the original document.

5B QUALIFICATIONS FOR WHICH YOU ARE CURRENTLY STUDYING:

Name of Qualification	Duration/Date (Number of months/years)	Mode of Study (full time/part time)	Subject(s)	Result expected/ predicted	Place of Study
MATURA	3 YEARS	FULL TIME	ENGLISH EXTENDED	76%	XV LO
MATURA	3 YEARS	FULL TIME	SOCIAL SCIENCE EXTENDED	67%	UL. CYTRUSOWA 5 87-100
MATURA	3 YEARS	FULL TIME	POLISH BASIC	85%	TORUN POLAND

Have you previously studied at the University of Wolverhampton?
 If yes, please give brief details (e.g. course, dates of study, student number)

YES/NO

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6. ADDITIONAL INFORMATION IN SUPPORT OF YOUR APPLICATION:

PERSONAL STATEMENT

Reasons for applying for course/subject

SEE ATTACHED DOCUMENTS

Details of relevant work experience

Special interests/Career aspirations

Other relevant information

Do you have any criminal convictions?
(Please see Notes for Guidance)

Yes

No

7. NAME(S) AND ADDRESS(ES) OF REFEREE(S): (Please consult Notes for Guidance and course literature before completing this section)

1. KATARZYNA NOWAK
XV LO
UL. CYTRUSOWA 5
87-100 TORUN
POLAND

2. JAN DĄBROWSKI
XV LO
UL. CYTRUSOWA 5
87-100 TORUN
POLAND

Telephone number: +48 56 772 04 56

Fax number: +48 56 772 04 56

E-mail address:

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Fax number: +48 56 772 04 56

E-mail address:

8. DECLARATION

I confirm that the information given on this form is true, complete and accurate and no information requested or other material information has been omitted. I understand that the information provided will be held and processed by the University in accordance with the Data Protection Act (the Act) and I give my express consent to the processing of my personal sensitive data as defined by the Act by the University. I have read the Notes for Guidance and I undertake to be bound by them. I undertake to pay or cause to be paid to the University of Wolverhampton by the due date, all fees and charges for tuition, accommodation and other services and goods supplied to me by the University, should my application be successful.

Applicant's Signature

Jan Kowalski

Date:

24.04.2009

9. ADDITIONAL INFORMATION

The University of Wolverhampton may send you information from other organisations about products and services directly relevant to higher education applicants. Please tick the box if you **do not** want to receive it

FOR OFFICE USE ONLY

Fee Status

Received by:

Date:

Admissions Tutor:

Qualifications verified YES/NO