

FULL NAME: **JAN KOWALSKI**

## International Application Form

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

*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*

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

### 1. PERSONAL DETAILS

|  |                                 |
|--|---------------------------------|
| Family Name: <b>KOWALSKI</b>                           |                                 |
| First/Given Name(s) <b>JAN</b>                         |                                 |
| Title (Mr/Mrs/Miss/Ms etc): <b>Mr</b>                  |                                 |
| Main Contact Address                                   | Home Address (if different)     |
| <b>UL. PODMURNA 101/3</b>                              |                                 |
| <b>87-100 TORUŃ</b>                                    |                                 |
| Country: <b>POLAND</b>                                 | Country                         |
| Main Contact Telephone Number: <b>+48 56 664 10 86</b> |                                 |
| <i>(Including Country Code)</i>                        |                                 |
| Home Telephone Number <i>(if different)</i> :          |                                 |
| Email Address: <b>studia@conversa.pl</b>               | Fax Number                      |
|  | <i>(Including Country Code)</i> |

| <p>SEX:</p> <p>Male (M) <input checked="" type="checkbox"/></p> <p>Female (F) <input type="checkbox"/></p> | <p>Date of Birth: (e.g. 15.03.1972)</p> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Day</th> <th colspan="2">Month</th> <th colspan="4">Year</th> </tr> </thead> <tbody> <tr> <td>2</td><td>3</td> <td>1</td><td>2</td> <td>1</td><td>9</td><td>8</td><td>3</td> </tr> </tbody> </table> | Day   |   | Month |   | Year |   |  |  | 2 | 3 | 1 | 2 | 1 | 9 | 8 | 3 |
|--|--|-------|---|-------|---|------|---|--|--|---|---|---|---|---|---|---|---|
| Day  |  | Month |   | Year  |   |      |   |  |  |   |   |   |   |   |   |   |   |
| 2  | 3  | 1     | 2 | 1     | 9 | 8    | 3 |  |  |   |   |   |   |   |   |   |   |

**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)

0

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

.....

FULL NAME: **Jan Kowalski**

**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) .....

SELF

**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 |
|---|------------------|---|--------------------------------|--|---|
| MSc STRATEGIC INFORMATION TECHNOLOGY MANAGEMENT | 1                | SEPTEMBER 2007                          | 1                              | POSTGRADUATE                                     | FULL TIME   |
|   |                  |   |                                |  |   |
|   |                  |   |                                |  |   |
|   |                  |   |                                |  |   |

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

**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/<br>Full time | From  |      | To    |      |
|-----------------------------|------------------|----------------|-------------------------|-------|------|-------|------|
|                             |                  |                |                         | Month | Year | Month | Year |
|                             |                  |                |                         |       |      |       |      |
|                             |                  |                |                         |       |      |       |      |
|                             |                  |                |                         |       |      |       |      |
|                             |                  |                |                         |       |      |       |      |

FULL NAME: JAN KOWALSKI

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

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

Qualifications

| Name of Qualification | Duration/Date<br>(Number of months/years) | Mode of Study<br>(full time/part time) | Subject(s) | Result | Place of Study                            |
|-----------------------|---|--|------------|--------|---|
| MATURA                | 4 YEARS                                   | FULL TIME                              | ENGLISH    | 5      | V LO UL.                                  |
| MATURA                | 4 YEARS                                   | FULL TIME                              | POLISH     | 4      | SIENKIEWICZA 34<br>87-100 TORUŃ<br>POLAND |
|                       |   |  |            |        |   |
|                       |   |  |            |        |   |
|                       |   |  |            |        |   |
|                       |   |  |            |        |   |
|                       |   |  |            |        |   |
|                       |   |  |            |        |   |

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<br>(Number of months/years) | Mode of Study<br>(full time/part time) | Subject(s) | Result<br>expected/<br>predicted | Place of Study                                     |
|-----------------------|---|--|------------|----------------------------------|--|
| BSc IT                | 3 YEARS                                   | FULL TIME                              |            | 5                                | UMK<br>UL. CHOPINA 12/18<br>87-100 TORUŃ<br>POLAND |
|                       |   |  |            |                                  |  |
|                       |   | SEE ATTACHED DOCUMENTS                 |            |                                  |  |
|                       |   |  |            |                                  |  |
|                       |   |  |            |                                  |  |
|                       |   |  |            |                                  |  |

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

FULL NAME: Jan Kowalski

6. ADDITIONAL INFORMATION IN SUPPORT OF YOUR APPLICATION:

|  |                               |
|--|-------------------------------|
| <b>PERSONAL STATEMENT</b>  |                               |
| Reasons for applying for course/subject                                  | <b>see attached documents</b> |
| Details of relevant work experience                                      |                               |
| Special interests/Career aspirations                                     |                               |
| Other relevant information   |                               |
| Do you have any criminal convictions?<br>(Please see Notes for Guidance) |                               |
| <input type="checkbox"/>   | Yes                           |
| <input checked="" type="checkbox"/>                                      | 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<br>UMK<br>UL. CHOPINA 12/18<br>87-100 TORUN<br>POLAND | 2. JAN DĄBROWSKI<br>UMK<br>UL. CHOPINA 12/18<br>87-100 TORUN<br>POLAND |
| Telephone number: +48 56 772 04 56                                       | Telephone number: +48 56 772 04 56                                     |
| Fax number: +48 56 772 04 57   | Fax number: +48 56 772 04 57   |
| E-mail address:  | 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: ..... 23.05.2007 .....

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 |