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APPLICATION FORM FOR ADMISSION TO

Double Master’s Degree Programme – 2018/2019

NOTE! Application form should be filled in by computer printed, signed and sent to:

**study@put.poznan.pl** and  **cms@kart.edu.ua**

PERSONAL DETAILS :

SURNAME: ……………………….………………..…… FIRST NAME(S)…………………………………………………………………….

Gender: male female Date of birth: ......./……..…/………. Place of birth ………………………………………………………..

day / month / year

Father’s name: ……………………….……………….……. Mother’s name: **………………………….…………………...…………………..**

Citizenship: **…………………………………** Nationality: **…………………………………………….**

Passport ……………………...or National Identity Card number: **.…….…………………** Expiry date **: ……………………….…………...**

Permanent address: **……………………………………………………………………………………………………………….........................**

street / number / zip code / city / country  
E –mail address**: ……………….…………………….………………………………………………………………………………………………**

**EDUCATIONAL BACKGROUND**

Education completed: secondary No of secondary school certificate: **………………………** issued on : **....../…….…/…….….,**

day / month / year

by: **………………………………………………………….…………………………………………………**

higer No of diploma: **……………………………** issued on : **……../………/……….,**

day / month / year

by: **……………………………………………………………………………………………………………**

**INTENDED PROGRAMME OF STUDY : .............................................................................................................................................**

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(*place) (date)* *(signature)*