

***FOR RE-ADMISSION***

***TO THE UNIVERSITY***

**Identification card**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| student no. | | | | |
|  |  |  |  |  |

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SURNAME

……………….……….……. …………………………….… ..……………………………………. ………………………..……..

first name second name maiden surname father’s and mother’s names

DATE AND PLACE OF BIRTH:

.....................................................................................................................................................................

day / month / year place

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CITIZENSHIP |  | POLISH ORIGIN | YES | NO |

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| ID  /  PASSPORT |  |  |  |  |  |  |  |  |  |  | PESEL |  |  |  |  |  |  |  |  |  |  |  |

PERMANENT ADDRESS:

………………………………..……………………..........................................................................................................................

street house and flat no.

………………………………………………………………………………………………………………….............................................

zip code city phone number

CORRESPONDENCE ADDRESS:

……………………………………………………………………………………………………….……………………………… street house and flat no.

………………………………………………………………………………...............................................................................................

zip code city phone number

e-mail address …………………………………………………………………........

|  |
| --- |
| I confirm the correctness of the data provided in this application form with Applicant’s ID/passport.  …………………………………………………..  Lazarski University’s emploee’s signature |

\* delete as inappropriate

…………………………………….. Warsaw, dated ………………………….

name and surname

|  |  |
| --- | --- |
| student number |  |

**Application for re-admission to the University**

**To the Dean**

**Faculty of ……………………………….**

field of studies ……………….…………

Due to my applying for being re-admitted to the University, I kindly ask for specifying for which semester of studies I can be presently registered.

I intend to resume my …………………..\* studies validated / non-validated …….………….………….\*

BA /MSc/MA

in the ………………………… semester \* of the academic year …………………….….\*,

fall / spring

full-time studies, specialization …………………………………. \*.

At the same time, I accept the fact and agree under pain of the Dean’s decision invalidity that:

- in the period of 7 days from then Dean’s settlement of the semester of my re-admission to the University, I am obliged to pay the required admission fee, which is non-refundable in case of my withdrawal from studies or expulsion from the University regardless of the reason for the withdrawal or the expulsion;

- I am obliged to submit a confirmation of the admissions fee payment to the Registrar in order to be re - admitted to the University;

- I am obliged to sign an agreement on the terms of charging and paying fees for at and educational services provided by Lazarski Univeristy, via the Autenti platform.

At the same time, I confirm that I have read the President's regulation regarding the fees for studying charged at the time of re-admission to the University.

………………………………….

Applicant’s signature

\* write in as appropriate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to re-admit the Applicant to …………………….. semester.

…………………………………………………..

date, Dean’s signature and stamp