**Faculty of Horticulture and Landscape Architecture**

**University of Life Sciences in Lublin**

**APPLICATION FORM**

**FOR ACADEMIC YEAR 2018/2019**

I wish to apply for a full-time first-cycle programme in the field of Medicine of Plants conducted in English for foreigners at the University of Life Sciences in Lublin.

**Date**…………………………………. **Applicant’s Signature**………………………………………………..

**QUESTIONNAIRE**

(FILL IN USING CAPITAL LETTERS)

PERSONAL DATA

1. Surname ……………………………..

Name(s)…………………………………………….

1. Date of Birth: day……………. month………….. year…………………………………………………
2. Sex: Male Female

Place of Birth…………………………………. Country of Birth…………………………………………

1. Parents’ Names……………………………………………………………………………………………………
2. Parents’ Address………………………………………………Phone No. ………………………………..
3. Citizenship…………………… Nationality…………………………………………………………………...
4. Passport No. …………………………………………………………………………………………………………
5. Home Address……………………………………………………………………………………………………..

……………………………………………………………Country………………………………………………….

1. Address for Correspondence (if different from above)………………………………………...

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1. Mobile No. …………………………………………… E-mail…………………………………………….

**Enclosed documents**

1. a photocopy of the certificate of secondary education,
2. a document to certify English language skills (e.g. FCE, CAE, TELTC, TOEFL, TELC) if secondary education was in other language than English,
3. a photocopy of the passport page containing a photograph,
4. a medical certificate stating that there are no contraindications for the candidate to study in the chosen field or ride a horse,
5. payment confirmation of a registration fee of EURO 150 into the University bank account.

Account number: PL11114010940000564185001001 SWIFT   BREXPLPWLUB

**I** **certify, that the information I have given is complete and correct.**

**Date……………………………… Applicant’s signature………………………..**