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| http://amb.edu.pl/ouczelni/logotyp-m.png | **ERASMUS+ PROGRAMME****M MEDICAL UNIVERSITY OF BIALYSTOK****STUDENT ACCOMMODATION FORM** |  |

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|  **Home university:………………………………………………………………………..**  **Family name:…………………………………………………………………………..** **First name(s):…………………………………………………………………………..** **Sex:**  ⁪ male □ ⁪ female □ **Nationality:……………………………………………………………………………..** **Date of birth:……………………………………………………………………………** **Current address:………………………………………………………………………..** **…………………………………………………………………………………………...** **…………………………………………………………………………………………...** **Phone:……………………………………………………………………………….......** **E-mail:…………………………………………………………………………………...**I, the undersigned Erasmus+ student would like to be accommodated in one of the Dormitories of Medical University of BialystokI am interested in:* single room □
* place in double room □ ⁪

 Period of accommodation: from ………………….(date), to…………………….…..iod of accomodation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_….(date)**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |

Please send this ‘Student Accommodation Form’ by e-mail address: erasmus@umb.edu.pl