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| [http://amb.edu.pl/ouczelni/logotyp-m.png](http://amb.edu.pl/ouczelni/logotyp.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 Bialystok  I 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](mailto:erasmus@umb.edu.pl)