

Date.....

Dormitory Accommodation Application Form
the Medical University in Bialystok
for the academic year 2020/2021

Student's/PhD Student's name_____

Year of study and faculty/field of study in 2020/2021:_____

(put X in the [].

☐ I confirm that I have of COA of UMB

male ☐ female ☐

Permanent residence address:

country _____ city _____

street _____ house nr _____

phone nr. _____

e-mail _____

Rooms to rent: Dormitory No. 2 15-304 Bialystok, ul. Waszyngtona 23A tel. 748 57 55

Single room with bathroom in suite.

Room price 750.00 PLN

Being aware of criminal, legal or disciplinary responsibility for false statements, I state that the above information provided by me is true and correct.

I further state that I have read the Rules of Dormitory and in witness whereof, I have put my signature.

I consent to processing my personal details in accordance with the 29.08.1997 Law on protection of personal details (published in the Journal of Laws, no. 101/2002, item 926 and amendments)

(date and legible signature of the student/Phd student)

Confirmation _____

Dormitory manager's signature