First name and surname		place	date
passport number			
		Prof. Janusz Ole Director of the Po of Life Sciences I	znań University
	olication for Adn nań University of Doctoral Schoo	f Life Sciences	
I am asking for admission to th	ne first year of educ	cation at the Poznań	University of Life
Sciences Doctoral School in the discipl	line*		
starting from the academic year			
I attach my personal questionna	aire to this applica	tion.	
	full	signature of the Can	didate

<sup>\*</sup> enter as appropriate: forestry sciences; agriculture and horticulture; food technology and nutrition; veterinary medicine; animal sciences and aquaculture; mechanical engineering; environmental engineering, mining engineering and power engineering; biological sciences; economics and finance; biotechnology

full signature of the Candidate

		•	of the Candidate to the POLS Doctoral School)		
First name (names) and surname					
a) Family name					
b) Parents' first names					
2. Date and place of birth			3. Nationality		
4. PESEL numer (if obtained)	5. Sex				
6. Current address		e-mail			
		telepho	one number		
7. Education (graduated from)					
scientific degree scient		tific title			
8. Country in which the matriculation certificate was obtained					
Person to be contacted in case of emergency					
o. I orden to be contacted in case of omergency					
	•••••				
(first name a	nd surname	e, address, te	elephone number)		
10. I declare that data given in points 1, 2, 3 and	d 5 are	identic	al to those in passport number		
issued by			in		
•					
<ol> <li>I hereby declare that I am aware of penal liability</li> <li>Article 233 of Criminal Code.</li> </ol>	ty for su	ubmitting	g a false declaration, in accordance with		

place and date