Application for admission to studies at Lodz University of Technology by way of transf	fer
from another university or foreign higher education institution	

					PESEL				
	Pers	sonal	questionn	aire of the	candidate				
Surname			Name		Middle name			Gender Male/Female*	
Date of birth (yyyy-mm-dd)	Place of birth		Name of birth country		Father's name	Father's name		Mother's name	
Candidate's family name			Nationality				Citizenship		
Second citizenship		The Card of the Pole Yes/No*							
Passport series and number (a)	oplies to foreigners)		Name of the country of issue of the passport (applies to foreigners)						
			Address o	f residence					
Street		Buildin	g Flat no.	Postcode	City/villag	e* Pos	st office (tov	vn/city)	
Place		numbe Voivod				Col	untry		
		Volvod		E mail addras			unii y		
Phone				E-mail addres	S				
	Corresponde	nce a	ddress (if diff	erent from ac	ddress of res	idence)			
Street		Building numbe		Postcode	City/villag	e* Pos	st office (tov	vn/city)	
Place	Voive		eship			Cor	untry		
Phone				E-mail address					
ctudy at:									
study at: University		1	Student reg. numb	er					
Faculty									
Field of study									
Year Semester	Mode of study (full-time, part-time	,	Type of studies						
	(ruii tiirio, part tiirio	,	(Bachelor's, Engineering, Master's)						
request to be acce	epted to studies	at Lo	dz Universit	y of Techno	ology				
Faculty									
Field of study									
Year Semester	Mode of study (full-time, part-time)		Type of studies (Bachelor's, Engineering, Mast		ster's)		Profile of studies (practical, general academic)		
		,	,		,				
		•			•				
state that I am familiar v									
odz University of Techno			at Lodz Universi	ty of Technolog	y in the acader	nic year 20)24/2025.		
ules of admission to first	-			s+ o+ 10 luly 200	17 on the provid	sion of con			
ules of admission to first agree to receive informa	tion electronically, in	accorda	ance with the Ad	of to July 200	on the provis	sion or serv	vices by e	electronic means (
odz University of Technoules of admission to first agree to receive informatournal of Laws of 2020, it ware of the criminal liabilin making false statemen	tion electronically, in tem 344). ity under Article 233	of the A	ct of 6 June 199				-		

To be con	npleted by	Lodz University of T	Technolog	y		
Submission	date of the app	lication to the Faculty Dean's	s Office	regi:	strant's signature	<u></u>
Decision I admit/I do	of the Vice	Dean				
Name		Surname			PESEL	
To the Faculty	/					
Field of study				Field of study path		
Year	Semester	Mode of study		Type of studies	Profile of studies	
		full-time / part-time *	Bachelo	's / Engineering / Master's*	practical / general acade	mic *
Date and sig	nature		<u></u>			
		ne Admissions Office (in			ignaturo	
date of recei	pi oi applicatio	n by the Admissions Office	• • • • • • • • • • • • • • • • • • • •	registrant's si	gnature	
New stud	ent register r	10.				
			date of a	ssignment and signature	of authorised person in the Admis	ssions Office

^{*} underlined as appropriate