



ADMISSION FORM

FORM EP – A

PERSONAL DETAILS	
First Name	
Middle Name	
Last Name / Surname	
Former / Maiden name	
Father's name	
Mother's name	
Gender	
Date of birth / Place of birth	
Citizenship / Nationality Country	

PERMANENT ADDRESS	
Street and number	
City / Country / Post code	

CORRESPONDENCE ADDRESS (leave blank if same as above)	
Street and number	
City / Country / Post code	

CONTACT DETAILS	
Telephone	
Mobile / Whatsapp / WeChat	
Email	
Fb / Instagram	
Linkedin	
Any other social media	

PASSPORT DETAILS	
Passport Number	
Place of Issue	
Date of Issue / Expiry Date	

STUDY PROGRAM DETAILS	
Course you wish to study	
Name Of the course / program	
Choice of University, if any	

COURSE TUITION FEES PAYMENT OPTIONS	
Self-funded	

Sponsored	
Bank Loan	
ENGLISH LANGUAGE LEVEL	
Any Test Studied in English Language..... English speaking country.....	

EDUCATIONAL QUALIFICATIONS: <i>Please email copy of each qualification to: info@educationpoland.pl</i>	
Qualification 1: Yr12 / Senior Secondary / A level, etc.	
Start Date:	Grade / Score:
End Date:	Education Board:
Name of School, City, Country:	

Qualification 2: Yr10 / Secondary / O level, etc.	
Start Date:	Grade / Score:
End Date:	Board:
School:	

Qualification 3: ADDITIONAL, IF ANY (Degree undergraduate / Graduate / PG / PhD)	
Start Date:	Results:
End Date:	Institution:

VACCINATION DETAILS	
Name of Vaccination	Vaccination Date:
Anti-Hepatitis B	Yes/No/ How many times in a year?
Any other	

WORK EXPERIENCE: *Please separately enclose CV with detailed information if applicable.*

DO YOU WANT TO WORK WHILE STUDYING IN POLAND?
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DO YOU WANT TO WORK AND SETTLE IN POLAND AFTER COMPLETING STUDIES?
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ADDITIONAL INFORMATION: Immigration information is helpful for better advice
Have you been refused a visa or entry to any Country? If yes, under what circumstances?
DO YOU WANT OUR SERVICES / ANY VISA ASSISTANCE?

STATEMENT OF INTENT

Why have you chosen to study this course? Why do you want to study in Poland?

Where did you hear about us:

Declaration: I, _____ (student's name) hereby declare that the above information is to the best of my knowledge and I shall not hold Education Poland responsible for the information being used for my admission procedure and services to any institution / college / University in Poland.

Signature: _____

Date: _____