

....., date ..... 20..... r.  
(name and surname)

.....

.....  
(permanent address)

**His Magnificence Rector of  
The Fryderyk Chopin University of Music  
in Warsaw**

**APPLICATION FORM**

For Postgraduate Studies / Postgraduate Artistic Training

Please accept my application form for .....  
(name of Postgraduate Studies or Postgraduate Artistic Training)

.....  
at the Department of.....  
(name of Department)

in an extramural form in the Academic Year 20...../20.....

.....  
(signature of the candidate)

With the application form I enclose:

No.	List of documents	Signature if the candidate collects the documents
1.		..... (date and signature)
2.		
3.		
4.		
5.		

**Statement**

I hereby agree to have my personal data processed by the Fryderyk Chopin University of Music in Warsaw for the purposes of the recruitment procedure and the organization of classes at Postgraduate Studies and Postgraduate Artistic Training, according to the Polish law of August 29, 1997 on the protection of personal data (Journal of Laws No. 133 Item 883).

.....  
(signature of the candidate)

**Commitment**

In case if I am accepted for Postgraduate Studies / Postgraduate Artistic Training at the FCUM, I commit myself to obey the Rules of Postgraduate Studies and Postgraduate Artistic Training and to pay the tuition fee.

.....  
(signature of the candidate)