

**APPLICATION FORM**

**STUDY ABROAD EXCHANGE**

**20…/20…**

*Please fill in the form on a computer and send it together with your English language certificate to: global@vistula.edu.pl*

PERSONAL DETAILS

|  |  |
| --- | --- |
| Name:  | Surname:  |
| Date of birth:  | Nationality:  | Gender:  |
| Phone number:  | Email address:  |
| Permanent address:  |
| Emergency contact:  |
| Student ID number:  |
|  |
| **STUDIES AT VISTULA UNIVERSITY** |
| Faculty:       | Field of studies:      |
| Study cycle (BA, MA, PhD):       | Year and semester of studies:       |
| Are you receiving a maintenance grant in this academic year? Yes       No       | Are you a student with a disability? Yes       No       |
| \*GPA (average grade) from the previous semesters (to be filled out by Dean’s office): .............................................................. | Stamp and signature of the authorised Dean’s Office employee:.............................................................. |
| \* (it will be obtained by the International Cooperation Office)  |
| **PREVIOUS PARTICIPATION IN STUDY ABROAD PROGRAMME** |
| Have you taken part in Study Abroad Programme in the same study level? |
| Studies:        | Study cycle:       | Mobility period: from      to  |
|  |
| **LANGUAGES** |
| Language:       | Level (scale A1-C2):        |
| Language:       | Level (scale A1-C2):        |
| Language:       | Level (scale A1-C2):        |
| **Please attach your English language certificate** |
| **CHOICE OF PARTNER UNIVERSITIES**  |
| University 1:       | Country:       | Instruction language:       |
| University 2:       | Country:       | Instruction language:       |
| University 3:       | Country:       | Instruction language:       |

Date Student’s signature

**Consent for the processing of personal data**

First and last name:

[ ] I hereby give my consent to the processing of my personal data provided in this form for the purposes related to the qualification process for the Study Abroad Programme

[ ] If I choose a university located outside the EEA (in a third country), I consent to the transfer of my data to a third country where the level of personal data protection may be lower than that required in the European Union.

**INFORMATION ON THE PROCESSING OF PERSONAL DATA**

**Personal Data Controller** - Vistula University, Stokłosy 3, 02-787 Warsaw

**Contact details to the Data Controller:** email address: info@vistula.edu.pl

**Contact to the Data Protection Officer**: iod@vistula.edu.pl

**The purpose, legal basis and period of storing personal data**

* Verification activities related to the qualification for the Study Abroad programme, in accordance with the Rector’s Order published at www.vistula.edu.pl. The legal basis for data processing is the voluntary consent expressed on the qualification form. The data will be stored for 5 years from the date of terminating the financial agreement with the FDES, under which the mobility was organized.

**Data recipients**

* Authorized data Controller’s employees, including lecturers.
* Service providers entrusted with Personal Data processing for the purpose of providing services for the data Controller, in particular such entities as IT service providers, postal and delivery service providers, law firms - in the scope necessary for the correct provision of the commissioned services.
* Data confirming the student's qualifications may be transferred to the university chosen by the student. This may involve the transfer of data to a third country, outside the EEA.

**Voluntary data provision**

Providing data is voluntary, but necessary for the participation in the Study Abroad programme.

**Rights related to the processing of personal data**

You have the right to:

* access your data and demand its correction
* restrict data processing or to delete data (“the right to be forgotten”)
* withdraw voluntary consent at any time. Withdrawal of consent does not affect the lawfulness of data processing that was carried out before the consent withdrawal
* transfer personal data
* file a complaint to the President of the Office for the Protection of Personal Data

Date and eligible signature