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| logo Erasmus since 1987 | **UNIVERSITY OF LIFE SCIENCES IN LUBLIN*****UNIWERSYTET PRZYRODNICZY W LUBLINIE*****ACCOMMODATION FORM****Incoming Erasmus Students****ACADEMIC YEAR 2018 - 2019** |  |

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| **Deadlines:****Winter** semester and **Full academic year**:**Summer** semester: | Application deadline: **1st June !**Application deadline: **1st November !** |

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| Please **TYPE** in order to be easily copied or faxed. Handwritten forms **will not be accepted.** *Proszę wypełnić w formie elektronicznej.* *Formularze wypełnione odręcznie nie będą przyjmowane.* | **PHOTOGRAPH**(digital photo but passport photo**)** |
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| * Sending this form is **the only way to apply** for a room in one of the dormitories of the University of Life Sciences in Lublin.
* Please note that this is an accommodation form (not a rental agreement).
* This form is valid for university dormitories only, **not for private housing.**
* You will receive confirmation within 2 months
 |

**PERSONAL DETAILS / *Dane osobowe***

|  |  |
| --- | --- |
| Family name / *Nazwisko* |  |
| Name(s) / *Imię/Imiona* |  |
| Sex / *Płeć* | [ ]  Male *(mężczyzna)* [ ]  Female *(kobieta)* |
| Date of birth / *Data urodzenia* |      /     /      |
| Place of birth / *Miejsce urodzenia* |       |
| Telephone (+area code) / *Telefon*  |       |
| Fax |  |
| E-mail address / *Adres e-mail* |  |
| Permanent address / *Adres zameldowania*  |
| Street + No/ *Ulica* |       |
| Zip code / *Kod pocztowy* |        |
| Town / *Miasto* |       |
| Country / *Kraj* |       |
| Home University / *Uczelnia macierzysta* |       |

**RENTAL DATA / *Zakwaterowanie***

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| --- | --- | --- |
| Rental period / *Pobyt (od-do)* | From: **/     /** | To: **/     /** |
| Total months / *Liczba miesięcy* |  months |
| I can share a room with another Erasmus student (Mogę mieszkać w pokoju z innym studentem Erasmusa) | [ ]  YES [ ]  NO |

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| I agree to accept a room in university dormitory and to pay all fees requested in advance. I also agree to fully comply to all regulations concerning accommodation.Date: ……………………… **Student’s signature**: …………………………………………………. |

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| **If you want to reserve a room please send**  **this Accommodation Application Form via email as soon as possible to:**University of Life Sciences in Lublin, International Exchange Office,Akademicka 13, 20-950 Lublin, Poland; Tel.: +48 81 445 65 38, +48 81 445 65 73  **e-mail: erasmus@up.lublin.pl**More **information** about rooms, equipment, dormitories and regulations…You can find on the website: http//www.up.lublin.pl/eng |