PERSONAL DATA SHEET

FOR CANDIDATES OF THE DOCTORAL SCHOOL AT THE UNIVERSITY OF ECONOMICS AND HUMAN SCIENCES IN WARSAW

# CANDIDATE’S PERSONAL DATA

|  |  |
| --- | --- |
| LAST NAME |  |
| FIRST NAME |  |
| SECOND NAME |  |
| FAMILY NAME |  |
| PESEL\* |  |
| DATE OF BIRTH |  |
| PLACE OF BIRTH(city, country) |  |
| CITIZENSHIP(S) |  |

**CANDIDATE'S CONTACT INFORMATION**

|  |  |
| --- | --- |
| PHONE NUMBER |  |
| E-MAIL ADDRESS |  |
| RESIDENCE ADDRESS |  |
| CORRESPONDENCE ADDRESS |  |

**CANDIDATE’S PRIOR EDUCATION DATA**

*Information regarding the master’s degree is the minimum requirement.*

|  |  |
| --- | --- |
| UNIVERSITY NAME |  |
| UNIVERSITY ADDRESS |  |
| DEPARTMENT |  |
| FIELD OF STUDY |  |

|  |  |
| --- | --- |
| DATE OF GRADUATION |  |
| OBTAINED DEGREE |  |

**DOCTORAL SCHOOL RECRUITMENT DATA**

|  |  |
| --- | --- |
| SCIENTIFIC DISCIPLINE | * LEGAL SCIENCE
* PSYCHOLOGY
* ECONOMICS AND FINANCE
* POLITICAL SCIENCE AND ADMINISTRATION
 |
| PLANNED DISSERTATION TOPICS |  |

## \* in the absence of a PESEL no. - provide the number, series ,and expiration date of the identity document (id or

passport)

* *I hereby declare my willingness to participate in the recruitment process for the Doctoral School at*

the University of Economics and Human Sciences in Warsaw

* *I hereby certify the accuracy of the data in the sheet. I declare that I am familiar with*

the provisions of the Polish Penal Code on liability for providing data that is inconsistent with facts.

* *I hereby declare that I have familiarized myself with the Regulations of the Doctoral School at the University of Economics and Human Sciences in Warsaw, including the rules and criteria for admission to the UEHS Doctoral School, and I accept the conditions.*
* *I hereby consent to the processing of my data by the University of Economics and Human Sciences in Warsaw (address: ul. Okopowa 59, 01-043 Warsaw) for the purposes of recruitment to the Doctoral School of the University of Economics and Human Sciences in Warsaw.*

*………………………………………………*

legible signature of the Candidate

FILLED IN BY THE UNIVERSITY

DATE OF RECEIPT OF DOCUMENTS

THE NAME OF THE EMPLOYEE RECEIVING THE DOCUMENTS:

………………………………………………………

legible signature of University employee