|  |
| --- |
| **ACCOMMODATION FORM FOR ERASMUS STUDENTS FOR 2017-2018** |

***Please complete this Accommodation Form for Erasmus students and return it to the address at the bottom of this page. PLEASE USE CAPITAL LETTERS.***

**I wish to request student’s accommodation for (mark one):**

|  |  |
| --- | --- |
| **Full academic year** [ ] Rok akademicki | From  To  |
|  |
| **Winter semester** [ ] Semestr zimowy | From  To  |
|  |
| **Summer semestr** [ ]  Semestr letni | From  To  |
|  |

|  |  |
| --- | --- |
| **Family name:**Nazwisko  |  |
|  |
| **First name:**Imię  |  |
|  |
| **Date and place of birth:**Data i miejsce urodzin |  | **Male**Mężczyzna | [ ]  | **Female**Kobieta | [ ]  |
|  |  |  |  |  |
| **Nationality:**Narodowość |  |
|  |
| **Home address:**Adres domowy |  |
|  |
| **Postal code:**Kod pocztowy |  | **City:** |
|  | Miasto |
| **Country:**Kraj |  | **Phone:** |
|  | **E-mail:** |
| **Passport number:**Numer paszportu |  |
|  |
| **Home University:**Uczelnia macierzysta |  |
|  |
| **Field of study:**Kierunek studiów |  | **Year of study:** |
|  | Rok studiów  |
| **Special remarks:**Uwagi |  |
|  |
| **Person to contact in case of emergency:**Osoba, którą powiadomić w razie potrzeby | **Name:** | **Phone :** |
|  | **E-mail:** |
|  |

|  |  |
| --- | --- |
| **Please return to:** | **International Relations Office, Medical University of Łódź,****90-151 Łódź, 2 Muszyńskiego St, Poland****Tel +48 42 272-54-41****e-mail:** gracja.mecwaldowska-domanska@umed.lodz.pl |

**Note: Students are requested to communicate estimated time of arrival a week in advance.**