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| **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:** | | | | |
|  | | | | |

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| --- | --- |
| **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.**