**REGISTRATION FORM**

|  |  |
| --- | --- |
| Impact data: | Signature of the person accepting the form: |

1. **PERSONAL DATA:**

|  |  |
| --- | --- |
| **NAME**  **SURNAME** |  |
| **TYPE OF STUDIES** |  |
| **FACULTY** |  |

1. **PREFERRED AREA OF SUPPORT:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TRAIMING NAME** | | | **SELECTION OF THE PREFERRED FORM OF SUPPORT** | |
| Intercultural workshop for English speaking international and Polish students | | |  | |
| Date of completion: | Signature of the submitting person: | |