**REGISTRATION FORM**

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

1. **PERSONAL DATA:**

|  |  |
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| **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: |