ul. Żołnierska 53, 71-210 Szczecin

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fax (+48 91) 814 94 40

www.zpsb.szczecin.pl



**PODANIE O PRZYJĘCIE NA STUDIA**



**JM Rektor**

**Zachodniopomorskiej Szkoły Biznesu**

**w Szczecinie**

Proszę o przyjęcie mnie na studia: **I stopnia/II stopnia\***

prowadzone w systemie **stacjonarnym/niestacjonarnym/wspomagane e-learningiem**\*

kierunek: ..................................................................... specjalność: ......................................................................................................................

specjalność II wyboru**\*\*** : …………………………………………………………………………………..………………………………………………………………………………………………..

nazwisko

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pierwsze imię drugie imię

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nazwisko rodowe

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data urodzenia (dd-mm-rrrr) miejsce urodzenia

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narodowość obywatelstwo

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dowód tożsamości:

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PESEL NIP (w przypadku posiadania)

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Imię ojca imię matki

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**adres zamieszkania**:

kod pocztowy miejscowość kodowa

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województwo

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**adres do korespondencji** (jeśli jest inny niż zameldowania) :

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**dane kontaktowe**: e-mail

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tel. stacjonarny tel. komórkowy

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\*niepotrzebne skreślić

\*\* Preferowana w sytuacji, gdy specjalność I wyboru nie zostanie uruchomiona z powodu niewystarczającej liczby kandydatów

WYKSZTAŁCENIE

**ukończona szkoła średnia:**

nr świadectwa maturalnego: data wydania (dd-mm-rrrr) miejsce wydania świadectwa maturalnego

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miejscowość: rok ukończenia

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nazwa szkoły

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**studia wyższe:**

studiowałem /studiuję\* w szkole wyższej (nazwa uczelni)

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miasto:

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w latach: nazwa wydziału:

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ilość zaliczonych semestrów: kierunek: data obrony

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kontynuuję/przerwałem studia z powodu:

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**podstawowe źródło utrzymania kandydata na studia** (jeśli dotyczy):

na utrzymaniu rodziny umowa o pracę umowa o dzieło umowa – zlecenie Inne

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**niepełnosprawność:**

stopień niepełnosprawności rodzaj niepełnosprawności

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**załączniki:** (*wypełnia pracownik ZPSB*)

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| 1. | świadectwo w oryginale lub odpis z ukończenia …………………………………………………………………………………………………………………………………………………...….. | 🗌 |
|  | w…………………………………………………………………………………………………… nr ………………………………….………………………………. z dnia …………………………………………………………..…… |  |
| 2. | świadectwo dojrzałości w oryginale lub odpis nr …………………………………………………………..……………………………………………………………………………………….. | 🗌 |
| 3. | odpis dyplomu ukończenia studiów I stopnia (nr/data/miejsce wydania) …………………………………………………………..……………………………………….. | 🗌 |
| 4. | 2 fotografie bez nakrycia głowy na jasnym tle (również zdjęcie elektroniczne do ELS – format JPG 236x295 pikseli) | 🗌 |
| 5. | kserokopia dowodu osobistego/paszportu | 🗌 |
| 6. | umowa o warunkach płatności | 🗌 |
| 7. | indeks/suplement | 🗌 |
| 8. | test językowy | 🗌 |
| 9. | Czy byłam/em studentem ZPSB w Szczecinie? (tak/nie) …………………………………………………………..…… |  |
| 10. | pokwitowanie w przypadku odbioru dokumentów przez kandydata: (data i podpis) …………………………………………………………..…… |
| 11. | ankieta motywacyjna | 🗌 |

**OŚWIADCZENIA:**

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| Potwierdzam prawidłowość danych zawartych w podaniu.  Szczecin, dn. …………….…..…… …………….………………………………………….  *Podpis kandydata* |  | Oświadczam, że znane mi są warunki finansowe pobierania nauki w Zachodniopomorskiej Szkole Biznesu w Szczecinie.  Zapoznałam/em się z aktualnym Cennikiem i Regulaminem Płatności.  ……………………………………………………………………………………………………….  *Podpis kandydata* |
|  |  |  |
| Niniejszym oświadczam, że:  - jestem objęta/y obowiązkowym ubezpieczeniem  zdrowotnym z tytułu pozostawania na wyłącznym  utrzymaniu członka rodziny (art. 8 ust. 12 Ustawy o  powszechnym ubezpieczeniu zdrowotnym) \*  - uzyskałam/em ubezpieczenie z innego tytułu\*  I uczelnia nie jest zobowiązana do zgłoszenia mojej  osoby do ubezpieczenia zdrowotnego.  …………………………………………..…………………………………………………….  *Podpis kandydata* |  | Wyrażam zgodę na przetwarzanie powyższych danych osobowych oraz dostarczonych dokumentów dla potrzeb ZPSB w Szczecinie (zgodnie z ustawą z dnia 29.08.97 o ochronie danych osobowych Dz.U.Nr 133 poz. 883 z późniejszymi zmianami).  ……………………………………….……………………………………………………………….  *Podpis kandydata* |

**ZGODA NA WYKORZYSTANIE WIZERUNKU**

Udzielam zezwolenia Zachodniopomorskiej Szkole Biznesu w Szczecinie na rozpowszechnianie mojego wizerunku. Zezwolenie niniejsze obejmuje wykorzystanie mojego wizerunku w dowolnym utworze oraz w innych materiałach nie noszących cech utworu w rozumieniu prawa autorskiego, na dowolnym polu eksploatacji i nie jest ograniczone czasowo ani terytorialnie.

……………………………………….……………………………………………………………….

*Podpis kandydata*

……**……………..………………………………………………………………….**

*podpis*

**ŚLUBOWANIE**

Ślubuję uroczyście, że będę:

- wytrwale dążyć do zdobywania wiedzy i rozwoju osobowości,

- odnosić się z szacunkiem do władz Szkoły i wszystkich członków jej społeczności,

- szanować prawa i obyczaje akademickie

oraz

- całym swym postępowaniem dbać o godność i honor studenta Zachodniopomorskiej Szkoły Biznesu.

**………………..………………………………………………………………….**

*Podpis kandydata*

**INFORMACJE MARKETINGOWE**

1. Skąd Pan/Pani dowiedział/a się o naszej Uczelni? Należy wstawić znak **X**

** internet  reklama w prasie ogólnopolskiej  reklama w prasie regionalnej  folder informacyjny**

** znajomi  przewodnik po studiach wyższych  wizyta w siedzibie uczelni  targi edukacyjne**

1. Co wpłynęło na Pana/Pani decyzję o podjęciu studiów w ZPSB w Szczecinie?

** marka ZPSB  wysoki poziom nauczania  miejsce uczelni w rankingach  cena**

** promocje  dobre położenie szkoły  dobra kadra dydaktyczna  miła obsługa**

** wolne miejsca  atrakcyjna specjalność  opinia studentów i absolwentów ZPSB  dobra baza uczelni**

** oferta językowa  inne**

WYPEŁNIA UCZELNIANA KOMISJA REKRUTACYJNA

Szczecin, dn. ……………………………………………………………………….

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(pieczęć szkoły wyższej)

**DECYZJA UCZELNIANEJ KOMISJI REKRUTACYJNEJ**

STUDIA PIERWSZEGO/DRUGIEGO STOPNIA\*

Decyzją Uczelnianej Komisji Rekrutacyjnej kandydat…………………………………………………………………………………………………………………………………………………………………….  
został przyjęty/ nie został przyjęty na I rok studiów w Zachodniopomorskiej Szkole Biznesu w Szczecinie   
w roku akademickim………………………………………………………………………...

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Podpis Przewodniczącego

Uczelnianej Komisji Rekrutacyjnej

\*niepotrzebne skreślić