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| **WYPEŁNIA ZPSB** |  |
| **DATA WPŁYWU** |  |
| **NUMER ALBUMU** |  |
| **OPŁATA REKRUTACYJNA** |  |

**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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 Imię ojca imię matki

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 **adres zamieszkania**:

 kod pocztowy miejscowość kodowa

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

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 **dane kontaktowe**: e-mail

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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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 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. |  1 zdjęcie legitymacyjne w stroju wizytowym, bez nakrycia głowy, na jasnym tle plus zdjęcie w postaci elektronicznej (do elektronicznej legitymacji studenckiej) – na płycie CD w podpisanej kopercie, format JPG, wymiary: 300x375 pikseli, maksymalny rozmiar pliku: 50 kilobajtów  | 🗌 |
| 5. | kserokopia dowodu osobistego/paszportu | 🗌 |
| 6. | indeks/suplement | 🗌 |
| 7.  | Czy byłam/em studentem ZPSB? (tak/nie) …………………………………………………………..…… |  |
| 8. | pokwitowanie w przypadku odbioru dokumentów przez kandydata: (data i podpis) …………………………………………………………..…… |

**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 danych osobowych**

Wyrażam zgodę na przetwarzanie moich danych osobowych przez Zachodniopomorską Szkołę Biznesu w Szczecinie, zgodnie z ustawą z dnia 29.08.1997 r. o ochronie danych osobowych (Dz.U. Nr 133, poz. 833 z późn.zm.), w celach marketingowych i informacyjnych tj. w celu przekazywania ofert marketingowych oraz informacji handlowych. Moje dane osobowe podaję dobrowolnie, oświadczam, że zostałem/łam poinformowany/a o przysługującym mi prawie wglądu do moich danych, prawie ich poprawiania.

…………….……………………………….…………………………………
*Podpis kandydata*

Wyrażam zgodę na dostarczanie informacji handlowej za pomocą środków komunikacji elektronicznej zgodnie z postanowieniami ustawy z dnia 18 lipca 2002 r. o świadczeniu usług drogą elektroniczną (Dz. U. Nr 144, poz. 1204, z późn.zm.) oraz ustawy z dnia 16 lipca 2004 r. prawo telekomunikacyjne (Dz.U. Nr 171, poz. 1800 wraz z późn.zm.) w tym celu udostępniam swój adres email.

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*Podpis kandydata*

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

 *podpis*

**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.

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*Podpis kandydata*

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

 *podpis*

**INFORMACJE MARKETINGOWE**

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

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

** znajomi  targi edukacyjne  wizyta w siedzibie uczelni  inne…………………**

1. Co wpłynęło na decyzję o podjęciu studiów w ZPSB? Należy wstawić znak **X** przy wybranych pozycjach

** 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**