

APPLICATION
for allocation of accommodation at Dormitory No 1 of the Lodz University of Technology

Note:

1. The application should be filled in by hand in BLOCK letters.
2. Providing false information will result in rejection of the application or withdrawal of the allocated accommodation, and in disciplinary action under applicable law.
3. The following must be attached to the application:
 - a copy of the decision to award the Lodz University of Technology Rector's Scholarship for the best students or Scholarship for the best doctoral students for the semester preceding the semester in which the accommodation is to be allocated;
 - a copy of the relevant Scholarship Application certified by the Dean's Office.
4. Incomplete applications will not be considered.

A. SUBJECT OF THE APPLICATION

Academic year to which the application relates	Requested period of accommodation from to
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Accommodation standard
 Single room Double room

B. APPLICANT'S DETAILS

First name	Middle name
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Surname

Student Register No

Faculty

Field of study, year

Cycle of study: First cycle Second cycle Third cycle

C. ADDRESS OF THE APPLICANT'S PERMANENT PLACE OF RESIDENCE

Street, house number and apartment number	Postal code
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City	County
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Voivodeship	Estimated distance to Lodz in km
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Contact details (telephone number, e-mail)

D. INFORMATION ABOUT THE APPLICANT'S STATUS

In the winter/summer semester of the academic year I received the Lodz University of Technology Rector's Scholarship for the best students/ Scholarship for the best doctoral students

In the academic year preceding the year that the application related to I use / used accommodation at the dormitory

Yes No

E. APPLICANT'S DECLARATION

I declare that daily commuting from the place of permanent residence, indicated in section C of this Application, to the University would make it impossible to study or significantly hinder my studies.

I declare that I have read the valid Housekeeping Rules of Dormitories at the Lodz University of Technology Academic Estate and I fully accept their provisions.

Aware of the responsibility for providing false data, I certify that the information provided by me in the Application is true.

Pursuant to Article 7(1) of Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data and repealing Directive 95/46/EC (General Data Protection Regulation), OJ.EU.L.2016.119.1, I declare that I consent to the processing of my personal data by the controller, which is the Lodz University of Technology Academic Estate, for the purpose of providing accommodation services at the dormitory.

The above consent means that it has been given voluntarily, consciously and constitutes a clear representation of my intent.

Date and Applicant's signature

F. CONFIRMATION OF THE STUDENT/ DOCTORAL STUDENT STATUS

Dean's Office stamp, date and signature

G. OPINION OF THE MANAGER OF DORMITORY NO 1

Opinion of the Manager, date and signature

H. COMMITTEE'S DECISION

After reviewing the application, the Committee decides:

to grant the Applicant accommodation in single/double room (delete as appropriate)

not to grant the Applicant accommodation.

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Date and Director's signature
Lodz University of Technology Academic Estate

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Date and signature
Chairperson of Academic Estate Committee