



STUDENT INFORMATION

Surname			
First and middle name(s)			
Year of study		Date of birth (dd/mm/yyyy)	
Program of studies			
E-MAIL ADDRESS:			

DECLARATION

I hereby declare that the e-mail address provided above is my official address for contact with the Jagiellonian University Medical College, especially with regard to all matters pertaining to my studies at the JU MC.

Should the address change, I pledge to inform the JU MC of this fact immediately.

I also acknowledge that in the event of my failure to keep my e-mail address up-to-date with the JU MC, any and all correspondence sent to the address on file will be regarded as delivered to me.

Signature	Date
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Instructions: Please TYPE in all required information. **GREY FIELDS AND THE VERIFICATION SECTION ARE OBLIGATORY.** Incomplete forms will NOT be recognized by the JU MC SME. Please return the form to the JU MC by post or in person to the School Office.

Contact information: Jagiellonian University Medical College, Faculty of Medicine, School of Medicine in English, ul. św. Anny 12, 31-008 Kraków, Poland; e-mail: smeoffice@cm-uj.krakow.pl; phone no.: +48 12 422 80 42; fax no.: +48 12 421 28 69