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| ***To be filled in by the unit receiving the application:***Date of filing: …/…./20…Stamp and signature of the person receiving the application:Annotations: ……………………………………………………………………………………………………………………………………… | **INSTRUCTIONS:**\*\* In the event of a consent the information (in PDF format or an e-mail message) regarding assignment (or refusal) to the Hall of Residence will be sent electronically to the e-mail address provided in the application form and the original copy will be issued only on student’s express request in the Office of Student Affairs (DS “Helios”, ul. Czwartaków 13 room 5). |

**APPLICATION FOR ADMISSION TO THE RESIDENCE HALL DURING SUMMER HOLIDAYS**

for the academic year 20…../20….

#### 1. Applicant’s data

|  |  |  |  |
| --- | --- | --- | --- |
| Names  |       | Surname |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Father’s name |       | Mother’s name |       |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PESEL** |   |   |   |   |   |   |   |   |   |   |   | **6-digit STUDENT RECORD BOOK number** |   |   |   |   |   |   |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Year of study** | 1 [ ]  | 2 [ ]  | 3 [ ]  | 4 [ ]  | 5 [ ]  | Cycle | Io [ ]  | **IIo** [ ]  | JM [ ]  | **D** [ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| Field of study |       | Faculty |  |

|  |
| --- |
| **Registered address of permanent residence** |
| **Street** |       | House No. |       | Flat No. |       |

|  |  |  |  |
| --- | --- | --- | --- |
| **Locality** |       | Poviat |       |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Woivodeship |      | Postal code |   |   | - |   |   |   |

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| --- |
| **Contact details** |
| E\_mail address |       | Telephone number |   |   |   |   |   |   |   |   |   |

1. **During the academic year I stayed in:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| AMOR |  |  | double |  | single |  |
| BABILON |  |  | double |  |  |  |
| FEMINA |  |  | double |  | single |  |
| GRZEŚ |  |  | double |  |  |  |
| HELIOS |  |  | double |  |  |  |
| IKAR |  |  | double |  |  |  |
| JOWISZ |  |  | double |  |  |  |
| ZANA |  |  | double |  | single |  |
| KRONOS |  |  | double |  | single |  |

1. **I apply for assignment of a place in the Dormitory:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| AMOR |  |  | double |  | single |  |
| BABILON |  |  | double |  |  |  |
| FEMINA |  |  | double |  | single |  |
| GRZEŚ |  |  | double |  |  |  |
| HELIOS |  |  | double |  |  |  |
| IKAR |  |  | double |  |  |  |
| JOWISZ |  |  | double |  |  |  |
| ZANA |  |  | double |  | single |  |
| KRONOS |  |  | double |  | single |  |

**I give my consent to send the decision electronically to the e-mail address provided in the application:**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]  |

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|  |  |  |  |

**Lublin, *………………….. …………………………………..* *(date) (applicant’s legible signature)***

**Applicant’s statements**

Being aware of the criminal responsibility for providing false statements based on art. 233 § 1 of the criminal code (*One who, giving testimony to serve as evidence in court proceedings or other proceedings conducted under an Act, testifies false evidence or conceals the truth, is subject to imprisonment from 6 months to 8 years*) and art. 286 § 1 of the criminal code (*One who, in order to receive financial gain, makes another person to dispose unfavorably his /her own or someone else’s property by means of misleading him/her or taking advantage of a mistake or inability to properly understand the undertaken action, is subject to imprisonment from 6 months to 8 years*), as well as civil and disciplinary responsibility I declare that:

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]  |

* The data provided by me in this application are true and correct, and the submitted statement includes all income of my family members,

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]  |

* I have read the Regulations for Benefits for Students of the Maria Curie-Skłodowska University in Lublin and I do accept their contents.
* The legal grounds of the processing of your personal data are based on chapter 6 section 1 letters d, e and chapter 9 section 2 letter i of the regulation of the European Parliament and Council (EU) 2016/679 od 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) it is informed that:
1. The administrator of your personal data is the Maria Curie-Skłodowska University in Lublin.
2. The processing of personal data is necessary for the purposes of fulfilling a legal obligation of the University, including ensuring the safety of persons and protection of property. The legal basis for the processing of personal data is Article 6(1)(c) of the RODO in connection with Article 222 of the Act of 26 June 1974. - Labour Code (Journal of Laws of 2018, item 917, as amended).
3. The monitoring covers the external and internal premises of the facilities.
4. The data may be transferred to entities processing personal data on behalf of the controller, as well as to other entities authorized by law.
5. Data will not be transferred to a third country or an international organization.
6. Image recordings will be processed solely for the purpose for which they were collected and will be stored for a period not exceeding one month from the date of recording.
7. The data subject shall have the right to:
8. access to personal data,
9. demand their rectification,
10. restrict processing, in the cases referred to in the RODO,
11. delete the data, in case the data have been processed unlawfully.
12. As the processing of personal data is based on Article 6(1)(c) of the RODO, the data subject shall not have the right to data portability or the right to object.
13. The data subject shall have the right to make a complaint with the President of the Office for Personal Data Protection (ul. Stawki 2, 00-193 Warsaw).
14. The processing of personal data captured on video recordings is necessary for the University to ensure the safety of students, staff, the protection of property.
15. No automated decision-making or profiling will take place in the course of data processing.

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| --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]  |

I am aware of the fact that providing my data is voluntary, but necessary for the decision-making process concerning the granting of a place in the student dormitory, as well as that I have the right to access and modify my data.

|  |  |
| --- | --- |
| Lublin, ……………………***(date)*** | ………………………………………***(applicant’s legible signature)*** |