Personal questionnaire\*

**Name(s) and surname ........................................................................................................................**

1. **Date and place of birth: .................................................................................................................**

# Registration number (PESEL) or, failing that, identity document number and name of the issuing country

**...............................................................................................................................................................**

1. **Nationality: .....................................................................................................................................**

# Contact details:

*Correspondence address***: .....................................................................................................**

*Contact phone***: ............................................................................................................................** *e-mail***: ..............................................................................................................................................**

# Education:

*Professional title***: .......................................................................................................................**

*Name of college completed***: .......................................................................................................**

*Faculty, major***: ............................................................................................................................** *Year of degree conferral***: ......................................................................................................**

1. **Place of employment** (tick as appropriate): PUMS **☐** outside PUMS **☐**

# Name of the organisational unit of PUMS where the dissertation will be carried out

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|  |  |  |
| --- | --- | --- |
| Are you or have you been a participant in a doctoral school: | yes **☐** | no **☐** |

I declare that the data contained in the questionnaire are factually correct.

**...............................................................** ..........................................................

*(place and date) (signature of the applicant)*

\*The provision of data in this questionnaire is required for the purposes indicated in the applicable legislation (e.g. POL-on System) and for the proper administrative and organisational handling of the proceedings.

I consent to the processing of my personal data for the purposes necessary for conducting the proceedings for the award of the doctoral degree in accordance with Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of individuals with regard to the processing of personal data and on the free movement of such data and repealing Directive 95/46/EC (RODO).

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(*place and date) (signature of the applicant)*