

# Questionnaire

in regards to your transfer application to the medical studies at the School of Medicine University of Warmia and Mazury in Olsztyn, we are kindly asking you to fill out the below questionnaire, in order to provide us with the additional required information's.

## I. Personal details of the transfer student applying for the transfer to medical studies at the School of Medicine University of Warmia and Mazury in Olsztyn

1. Surname: .....
2. First Name: .....
3. Address of residence in Poland: .....  
.....
4. Phone number: .....
5. E-mail: .....
6. Citizenship: .....
7. Do you have a Pole's Card (Karta Polaka)

☐ YES

☐ NO

## II. Information about the education process in Ukraine

1. Name of the University where you studied in Ukraine:  
.....
2. Field of studies:  
.....
3. Form of education  
☐ Full-time (Free of charges) ☐ Paid studies (tuition fees)
4. In what language were the studies conducted  
.....

5. How many years were your medical studies in Ukraine:

☐ 4-years program

☐ 6-years program

6. How many full semesters have you completed during your studies in Ukraine:

.....

7. Were there any disciplinary proceedings against you during your studies in Ukraine?

☐ YES

☐ NO

8. On February 24th,2022, were you a student of a University operating in Ukraine?

☐ YES

☐ NO

9. Please list all the subjects you have completed during your previous education in Ukraine:

- Please complete the Attachment No. 1 (according to your study plan/curriculum of your university)

10. Have you passed the „KROK 1”?

☐ YES

☐ NO

### III. Information about your transfer:

1. In which language would you like to continue your education? (please choose only one option):

☐ Polish

☐ English

Please indicate the level of knowledge of the language:

- ☐ A1. Beginners
- ☐ A2. Pre-intermediate
- ☐ B1. Intermediate
- ☐ B2. Upper-intermediate
- ☐ C1. Advanced
- ☐ C2. Proficiency

2. Do you have a document confirming the above indicated level of language proficiency?

☐ YES

☐ NO

3. From when do you have the opportunity to start the medical studies at a University?

.....

4. Would you like to participate in an intensive Polish language course?

☐ YES

☐ NO

I declare, that all data and information provided in the above questionnaire are true and correct. I am aware of the criminal liability for the testimony of untruth or concealing the truth.

.....  
Date

.....  
Legible signature

### Attachment No. 1. – List of completed subjects

Lp.	Subject Name	Year of studies	Number of completed hours				Number of ECTS credits	Did the subject end with an exam? YES or NO	Final grade
			Lectures	Classes	Seminars	Self-studies			
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