

**APPLICATION of IDS doctoral candidate
for accommodation in a Hall of Residence in the Academic Campus
of Lodz University of Technology**

Attention

1. The application should be completed by hand in CAPITAL letters or using a computer.
2. Providing false information will result in refusal to consider the application or withdrawal of the place awarded and will be also subjected to disciplinary liability under applicable regulations.
3. The application should include a copy of the document confirming the permanent residence.
4. In the event that specific circumstances apply to the Applicant, the application shall include relevant documents confirming the occurrence of such a situation.

A. SUBJECT OF THE APPLICATION

Academic year	Year of training at IDS e.g. 1 st , 2 nd , 3 rd , 4 th year
---------------	---

Standard <input type="checkbox"/>	small <input type="checkbox"/>	medium <input type="checkbox"/>	Marriage room ¹ <input type="checkbox"/>
-----------------------------------	--------------------------------	---------------------------------	---

B. PERSONAL DATA

First name	Second name
------------	-------------

Surname	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>
---------	--

Discipline (the official discipline name for training program at IDS TUL)

Name and surname and academic degree (or title) of the supervisor at TUL

Name of unit where doctoral dissertation is conducted (Institute, Department) and Faculty at TUL

C. APPLICANT'S PERMANENT RESIDENCE²

Street, number of house and number of flat	Postal code
--	-------------

City	District/county
------	-----------------

Voivodeship	Estimated distance from Łódź km
-------------	------------------------------------

C1. CONTACT

mobile	e-mail	others
--------	--------	--------

¹ If you indicate this answer, complete Part D and attach a copy of the marriage certificate.

² According to the document, a copy of which is attached to the application. In case of foreign doctoral candidates the copy of passport is required.

Name and surname of the Applicant	Application for the academic year
-----------------------------------	-----------------------------------

H. CONFIRMATION OF THE DOCTORAL CANDIDATE'S STATUS (filled in by IDS OFFICE)	
The Applicant has a registration for the current semester <input type="checkbox"/> Yes <input type="checkbox"/> No	
The Applicant has initiated the procedure for conferring a doctoral degree <input type="checkbox"/> Yes <input type="checkbox"/> No	
IDS Office stamp, date and signature	
I. DECYZJA KOMISJI ZAKWATEROWAŃ	
Po zapoznaniu się z wnioskiem, Komisja Zakwaterowań Samorządu Doktorantów Politechniki Łódzkiej postanawia:	
<input type="checkbox"/> przyznać wnioskodawcy i współmałżonkowi ⁵ zakwaterowanie w pokoju ____ -osobowym od dnia _____ do dnia _____.	
<input type="checkbox"/> nie przyznać zakwaterowania.	
Uwagi	
Pieczątko Samorządu, data i podpis przewodniczącego Komisji	

⁵ Delete where not applicable.