

STUDENT'S STATEMENT OF CONSENT ON PERSONAL DATA PROCESSING

- NECESSARY FOR FULLFILLMENT THE OBLIGATIONS SET OUT IN THE LAW OF HIGHER EDUCATION
- E-MAIL ADDRESS FOR INFORMATIONAL PURPOSES
- COLLECTION OF DECISIONS AND OTHER INFORMATION CONCERNING STUDIES IN THE TELECOMMUNICATION SYSTEM OF THE UNIVERSITY

In connection with the admission for study at the Medical University of Warsaw, I acknowledge and accept that my personal data included in my application for studies will be processed by the Medical University of Warsaw for the needs necessary to fulfill the obligations set out in the Act of 27.07.2005 Law on Higher Education and in other legal provisions, including for the purposes related to the implementation of the teaching process for the required period of time, in accordance with the provisions on the protection of personal data.

I hereby give my consent to the processing of my e-mail address by the Medical University of Warsaw for information purposes of the Warsaw Medical University (MUW newsletter) in accordance with the provisions on the protection of personal data.

I agree to receive decisions regarding my person and other information in the University's teleinformation system.

In case of resignation from receiving decisions on individual matters in the above way, I will inform the Medical University of Warsaw immediately, considering the risk of declaring the decision to be delivered until the University receives information on the withdrawal of consent.

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PLACE AND DATE

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STUDENT'S SIGNATURE*