



Personal Information Form

A. General Information

Applicant First Name: _____ Last Name: _____

E-mail Address: _____

Home Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Country: _____ Phone Number: _____

B. Education Information (If Applicable)

School Applicant will attend next fall: _____

Address of the School: _____

City: _____ State: _____ Zip/Postal Code: _____

Country: _____ Phone Number: _____

Department and Major: _____

What year will you be this fall: Freshman Sophomore Junior Senior Graduate school

Expected Graduation Date: _____

Degree Expected: _____

What was your GPA last semester: _____

What is your cumulative GPA: _____

By signing this document, I consent to the processing of my personal data by Polish American Cultural Institute of Minnesota.

Signature