



Admissions Office

Warsaw, date _____

First and last name

Address (street, house/apartment number)

(city, country, postal code)

Telephone number

Email address

Registration number

COMMITMENT

I commit myself to purchase the **NFZ (National Health Fund)** health insurance immediately upon my arrival to Poland and submit a copy of insurance agreement to Admissions Office (room 63 a, sector F) within 2 weeks after getting this agreement from NFZ.

Justification: _____

I am aware that in case I fail to submit this document on time I may be dismissed from the list of students with all the further consequences.

Full name and surname