Registration form

ACERT certified exam

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| --- | --- | --- | --- |
| Name and surname |  | | |
| Correspondence address |  | | |
| E-mail |  | | |
| PESEL No./ Passport No. |  | | |
| Language |  | | |
| Exam level (mark "x") | A1  A2  B1  B2  C1  C2 | | |
| Specialized field of study  (underline as appropriate) | Automatic Control and Robotics  Architecture  Civil Engineering  Electronics and Telecommunications  Electrical Engineering  Power Engineering  Education in Technology and Informatics  Technical Physics | Computing  Environmental Engineering Biomedical Engineering  Materials Engineering  Environmental Engineering  Logistics  Mathematics  Mechanical Engineering | Mechatronics  Environmental Protection  Technologies  Management  Transport  Chemical Technology  Management and Production Engineering  Other:  ………………………… |
| Conditions for taking the ACERT certified exam   1. Taking the exam is possible after sending the registration form to **hanna.nowak@put.poznan.pl** and proof of payment to **malgorzata.margraf-adamczyk@put.poznan.pl.** 2. Payments must be made before taking the exam no later than 7 working days before the agreed date of the session. Payments cannot be transferred to third parties. 3. Payments should be made to the following bank account:   Santander Bank Polska S.A., account number 02 1090 1362 0000 0000 3601 7895  Transfer title: for CJK, ACERT, name and surname   1. The date and place of the exam will be provided by e-mail. 2. In order to take the exam, it is necessary to provide the exam board with a photo-bearing ID card.   I have read the conditions for taking the ACERT certified exam.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **(date and signature)**  According to the Act of 29 August 1997 on the Protection of Personal Data, Journal of Law 133, item 883, I hereby agree to the processing of my data by the exam organizers. | | | |