**"Spread Your Wings at WSG" Program**
**Wyższa Szkoła Gospodarki in Bydgoszcz**

**1. Personal Information**

- Full Name:
- Year of Graduation:
- Field / Specialization:
- Degree Level (Bachelor / Master / Postgraduate):
- Phone Number:
- Email Address:

**2. Choose Your Form of Participation**

☐ Co-teaching classes (for graduates without prior experience)
☐ Conducting expert workshops
☐ Promoting your company during classes

**3. Information about Experience**

- Subject Area of Classes:
- Brief Description of Proposed Topic:
- Previous Experience (if applicable):

**(For Entrepreneurs / Experts)**

- Company / Business Name:
- Industry:
- Website / Social Media:
- Proposed Workshop / Presentation Topic:

**4. Consent**

☐ I consent to the processing of my personal data for the purpose of implementing the "Spread Your Wings at WSG" Program.
☐ I confirm that I have read and accept the Program Regulations.

.....
date and signature

**How to submit the form:**
Completed forms should be sent to: **absolwent@byd.pl**