WSG Alumni Program
Tel. (052) 567 00 62
wsg.pl/en/alumnus
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BIURO KARIER

WSG Alumni Program
WSG UNIVERSITY IN BYDGOSZCZ

First name and surname	
Maiden name	
Date of birth	
Residential address	
Phone number	
E-mail address	
Student ID number	
Alumni card numer (to be filled in by the University)	
Year of graduation	
Mode of study	**full-time/part-time**
Field of study	
Level of study	**bachelor's / master's / postgraduate**
Place and position of employment	
I hereby consent to participate in the "Reconnect with Your Fellow Students" program. If a former fellow student requests your contact details, we will contact you by phone and, upon receiving your consent, provide your contact information to the person indicated.	
Date	Signature
I, the undersigned, consent to the processing of my personal data by the Career Office of the WSG University in Bydgoszcz for purposes related to the "Alumni Program", in accordance with the Act of 29 August 1997 on the Protection of Personal Data (Journal of Laws 1997, No. 133, item 883). I declare that I am aware of my right to access and update my personal data contained in the application and to control its processing. I acknowledge that the above data has been provided voluntarily.	
Date	Signature