APPLICATION FORM FOR ADMISSION

PERSONAL INFORMATION	
Surname (family name):	
First name (-s):	
Middle name:	
Date of birth (YYYY-MM-DD):	
Country of birth:	
Nationality:	
Religion:	
Sex:	□ Male □ Female
Marital status:	□ Single □ Married
Mobile telephone:	
E-mail:	
Spoken foreign languages:	□ English □ German □ French □ Spanish

PASSPORT	
Number:	
Date of issue:	
Date of expiry:	
Country obtaining a Visa:	

EDUCATION	
Name of secondary school:	
Address of secondary school:	
Date of graduation:	
Secondary school certificate number:	
Certificate supplement copy is attached:	□ Yes
Other educational institutions, courses you've attended (optional):	

ADDRESS	Postal Code	Country	City	Street, house, apartment	Phone number
Of actual residence					
For sending study invitation					

INFORMATION ABOUT PARENTS	HOME ADDRESS					Employment, profession
	Postal Code	Country	City	Street, house, apartment	Phone number, e-mail	
Father's name:						
Mother's name:						

PLANNED EDUCATIONAL CHOICE		
Planned educational course □ Preparatory Department for learning a language (1 year) □ Bachelor's degree (4 years) □ Master's degree (1,5 years)	Base trend of training at the Preparatory Department □ Engineer-Technical □ Medical-Biological □ Humanitarian	Planned year of enrollment: 20__ Chosen specialty:

I certify that the information given in this application is complete, true and correct. I take full responsibility for those educational documents to be transfer. Untrusted data is the reason for me to not enroll in university (or further deductions). □ Yes

Date of filling in «___» _____20__	Signature

Note: While sending this application form YOU SHOULD ADD to it:
- **copy (-ies) of passport**
- **copy (-ies) of the certificate about education**
- **copy of the certificate supplement**
- **consent to personal data collection and processing**