# APPLICATION FORM FOR ADMISSION

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PERSONAL INFORMATION | Surname (family name): | | | | | | |  | | | | | | | | PASSPORT | Number: |  | | | | | | | | |
| First name (-s): | | | |  | | | | | | | | | | | Date of issue: | | |  | | | | | | |
| Middle name: | | | |  | | | | | | | | | | | Date of expiry: | | | |  | | | | | |
| Date of birth (YYYY-MM-DD): | | | | | | | | |  | | | | | | EDUCATION | Name of school: | | | | | | | | | |
| Country of birth: | | | | |  | | | | | | | | | |  | | | | | | | | | |
| Nationality: | |  | | | | | | | | | | | | | Address of school: | | | | | | | | | |
| Sex: | | | □ Male | | | | | | | □ Female | | | | |  | | | | | | | | | |
| Marital status: | | | □ Single | | | | | | | □ Married | | | | | Date of graduation: | | | | | |  | | | |
| Mobile telephone: | | | | | |  | | | | | | | | | School certificate number: | | | | | | | | |  |
| E-mail: |  | | | | | | | | | | | | | | Certificate supplement copy is attached: □ Yes | | | | | | | | | |
| Spoken foreign languages: | | | □ English □ French | | | | | | | □ German □ Spanish | | | | | Other educational institutions, courses you’ve attended (optional): | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS | | | | Postal Code | | | | | Country | | | | City | | Street, house, apartment | | | | | | | | | Phone number | | |
| Of actual residence | | | |  | | | | |  | | | |  | |  | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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**