# APPLICATION FORM FOR ADMISSION

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| 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: |  |  |  |  |  |  |
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|  |
| 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**