 **STUDENT APPLICATION FORM**

Please attach

photo

 **1. HOME INSTITUTION**

Name

Faculty and department

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. PERSONAL DATA**

Family name First name Sex

Date of birth Citizenship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place and country of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passport number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of expiration \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

Phone no. Email

**3. PURPOSE OF PARTICIPATION**

|  |
| --- |
|  |

**4. KNOWLEDGE OF LANGUAGES**

Mother tongue

English : fluent \_\_\_\_\_\_\_ good satisfactory \_\_\_\_\_\_\_\_\_ weak \_\_

Russian : fluent \_\_\_\_\_\_\_ good\_\_\_\_\_\_\_ satisfactory \_\_\_\_\_\_\_\_\_weak \_\_\_\_\_\_\_\_\_

**5. ADDITIONAL INFORMATION**

Dietary restrictions, allergy **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please type or use block letters.

Complete the form carefully and do not leave any questions unanswered.