APPLICATION FORM

| 1. | Country | | | | | | |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| 2. | Surname | | | | | | |
| 3. | Name (underline the one often used) | | | | | | |
| 4. | | ; | | | | | |
| 5. | Date of birth | | | | | | |
| 6. | Place of birth | | | | | | |
| 7. | Permanent address | | | | | | |
| 8. | Your profession and place of work or study at the moment of application | | | | | | |
| 9. | What languages do you know? (English, French, Spanish, Russian) To what extent do you know foreign languages? (writing, reading, conversation) | | | | | | |
| | . Mother language Education (names o | f schools or colleges or university, place, date of entering asind studying there, certificates and their dates): | | | | | |
| | Primary school | | | | | | |
| | Secondary school | | | | | | |
| | University | | | | | | |

12. Subjects successfully passed:

| Establishment | Subject | Date | Mark |
|---------------|---------|------|------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

13. What levels of training do you want?

| Bachelor of Science/Arts | | |
|------------------------------------------------------------|--|--|
| Master of Science/Arts | | |
| Residency (clinical studies) | | |
| Post-graduate studies (Ph. D course or Doctoral programme) | | |
| Short-term training (up to 1 year) | | |
| Part-time training (5 - 10 mounth) | | |

| 14. What speciality d | o you choose to b | e trained in Russia and what educa | ationa | | |
|-----------------------|------------------------------------------------------------|-------------------------------------|--------|--|--|
| establishment do y | ou prefer to enter | ? (code and full name of speciality | y) | | |
| | | | | | |
| | | | | | |
| 15. Themes of your s | Themes of your scientific work (for post-graduate studies) | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 16. Foreign passport: | number | date of expiry | | | |
| | | | | | |
| Date | | Signature | | | |