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| INTERNATIONAL STUDENTAPPLICATION FORM | A.I. YEVDOKIMOV MOSCOW STATE UNIVERSITY of MEDICINE and DENTISTRY, Russia  |

**Program Russian as a Foreign Language**

 «\_\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_\_ г.

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| **PERSONAL DETAILS** |

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| Фамилия *Family name (in English, as in your passport)* |  |
| Имя *First name (in English, as in your passport)* |  |
| Отчество *Middle name (If it is applicable for you*) |  |
| Пол *Gender (male / female)* |  |
| Номер паспорта*Number of passport* |  |
| Дата выдачи *Date of issue*  |  |
| Дата истечения*Date of expiry*  |  |
| Гражданство*Citizenship* |  |
| Место рождения (страна, город)*Place of birth (country, city)* |  |
| Дата рождения*Date of birth* |  |
| Семейное положение (женат/ холост) *Marital status (married / single / divorced)* |  |
| Домашний адрес *Home address* (*Country, city, address, ZIP-code*) |  |
| Номер телефона*Phone number* |  |
| Адрес электронной почты*E-mail address* |  |

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| **INFORMATION ABOUT PARENTS OR PERSON WHO WILL SPONSOR THE APPLICANT** |

**PERSONAL DETAILS**

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| ФИО*Full name*  |  |
| Почтовый адрес:*Postal address*:  |  |
| Электронный адрес:*E-mail*: |  |
| Телефон:*Phone number*: |  |

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| **EDUCATION BACKGROUND** |

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| Уровень предыдущего образования*Level of previous education* *(Secondary education, Bachelor’s degree, Master’s degree, other)* |  |
| Владение иностранными языками*Knowledge of foreign languages* |  |
| Изучали ли Вы ранее русский язык? *Have you ever learnt Russian?*  |  |

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| **FORM OF STUDY** |

**DUC**

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| Очно или дистанционно?*In person or remotely?* |  |

**ATION BACKGROUND**

Согласен на обработку моих персональных данных. *I agree to processing of my personal information.*

Достоверность представленных сведений подтверждаю. *I confirm reliability of the submitted data.*

Абитуриент. *Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* ( \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

 *Sign* *full name*

Сотрудник приемной комиссии \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)