# АНКЕТА-ЗАЯВЛЕНИЕ

**для иностранных граждан, о приеме на подготовительное отделение**

**APPLICATION FORM**

**For Foreign Citizens Entering on Foundation Course (Pre-university training)**

|  |  |
| --- | --- |
| 1. First name\* |   |
| 2. Middle name\* |   |
| 3. Last name\* |   |
| 4. Sex\* |  *male*  *female* |
| 5. Date of birth\* | \_ \_ / \_ \_ / \_ \_ \_ \_*(dd / mm/ yyyy)* |
| 6. Place of birth\* (Country, city) |  |
| 7. Citizenship\* |  |
| 8. Passport number\* |  |
| 9. Passport expire date\* | \_ \_ / \_ \_ / \_ \_ \_ \_*(dd / mm/ yyyy)* |
| 10. Country, city where you willget visa\*  |
| 11. Home address\*: |  |
| *Country* |  |
| *State (region)* |  |
| *Postal index (if exist)* |  |
| *City* |  |
| *Street (if exist)* |  |
| *House number (if exist)* |  |
| 12. Phone/fax\* |  |
| 13. E-mail\*  |  |
| 14. Marital Status |  *single*  *married* |
| 15.Level of education: |  |
| *Institution* |  |
| *Date degree received* | \_ \_ / \_ \_ / \_ \_ \_ \_*(dd / mm/ yyyy)* |
| *Specialty and qualification* |  |
| 16. Level of Russian\*: |  |
|  | * *Beginner*
* *Good* (*speaking*)
* *Excellent (fluent)*
* *Don’t know*
 |

|  |  |
| --- | --- |
| 17. Availability of medical insurance valid in Russian Federation |  *yes*  *no* |
| 18. Place of work or study |  |
| 19. Name of company/college;position  |
| 20. Mailing address of company/college |   |
| 21. Emergency contact people (close relatives: wife (husband), parents, brothers, sisters, children or other persons)\* |
| *Degree of relationship* |  |
| *First name & Last name* |  |
| *Address* |  |
| *Phone* |  |
| *E-mail* |  |
| 22. Information on the Trustee, who should be referred to with the invitation to enter the Russian Federation, or theother way of the invitation\*  |
| **23. Program of study\*:** | **Foundation Course (Pre-university training)** |
| 24. Training profiles\*: |  |
|  | * Natural Sciences;
* Engineering and Technology;
* Humanitarian (Social Sciences);
* Economic;
* Medical and Biological.
 |
| 25. Time to start training |  from 25/08/2018  |
| 26. Additional information that the person wants to tell about him/herself |

According to the Federal law from 27/07/2006 No 152-FZ “About personal data” I accept the processing in hardware of personal data provided in the application and documents attached for the purpose of realizing my right to obtain education in the Russian Federation by budgetary appropriations of federal budget. I am informed and agree to provide my personal data noted in the application and documents attached to the Russian educational organizations for admission decision. I agree with transborder transmitting of my personal data noted in the application and attached documents via Internet.

I am informed that according to the Russian Legislation I can be required to make educational documents equivalence procedure. The equivalence procedure is to be realized in compliance with the determinate order on the Russian Federation territory after admission confirmation letter of the Ministry of Education and Science of the Russian Federation.

University informs that the foreign citizen:

1. *shall bear all the expenses for the journey to the place of study;*
2. *undertakes at its own expense to buy policy of voluntary health insurance, valid in the territory of the Russian Federation;*
3. *agrees to come for studies no later than twenty (20) calendar days prior to the expiration of his entry student visa.*

\_ \_ / \_ \_ / \_ \_ \_ \_

Date*(dd / mm/ yyyy)* Signature

|  |  |
| --- | --- |
| *With the license for educational activity familiarized*   | Signature  |
| *With the Charter of the University familiarized*   | Signature  |
| *With educational programs familiarized*   | Signature  |
| *With the curriculum familiarized*   | Signature  |
| *With the internal regulations of students**familiarized*   | Signature  |
| *With the Regulation on the provision of paid**educational services familiarized*   | Signature  |