HIGHER VOCATIONAL EDUCATION IN MOSCOW

3x4 Foto

APPLICATION FORM #_____

Please print clearly or type. All information must be complete for your application to be considered

1. PERSONAL INFORMATION

Family name_____ Given Name (s)_____

Date of birth_____ / _____ / _____ Sex ___ (M/F)
Year Month Day

Country of Birth_____ Citizenship_____

Passport details _____

Current Mailing address _____

_____

Phone number (_____)_____ Mobile (_____)_____

Fax (_____)_____ E-mail _____

2. SECONDARY EDUCATION SUMMARY

Educational institute _____Year of graduation _____

Duration of education _____ years

Graduate marks (%) Biology_____% Chemistry_____% Physics _____%

Special medical or veterinary education _____

3. APPLICATION FOR

☐ I.M. Sechenov Moscow Medical Academy ☐ Preuniversity Course ☐ Preuniversity On-line Course
☐ Moscow State Academy of Veterinary Medicine and Biotechnology named after K.I. Skryabin

Specialty _____

Academic year you are applying for 20____. Language of training: ☐Russian, ☐English, ☐French.

Type of housing desired (Campus dormitory/Apartment/Other) _____

4. THE ADDITIONAL DOCUMENTS CHECK LIST (TO BE ATTACHED TO THIS APPLICATION)

☐ Passport copy
☐ School leaving certificate
☐ Medical certificate
☐ 6 photos 3×4 cm

5. ADDITIONAL SERVICES REQUEST

☐ Transfer ☐ Documents translation ☐ Interpreter ☐ Other _____

6. SIGNATURE OF THE APPLICANT_____ DATE___/_____/_____

PLEASE NOTE: THIS APPLICATION FORM AND ALL ADDITIONAL DOCUMENTS SHOULD BE SENT BEFORE THE **DEADLINE - 15 JULY**

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