



Kirovohrad Medical Institute Donetsk National Medical University

APPLICATION FORM

20___/20___ SESSION

(For Foreign candidates)

Please fill the form
in capital letters

FUTURE EDUCATION

Proposed Degree program: Bachelor's Master's Ph.D/PG

Speciality / Field of study: _____

Proposed University: _____

1st choice: _____

2nd choice: _____

(You can leave empty and we can choose for you the right university)

Want to study in medium of instruction: English Russian Ukrainian

(if required field is not available in English then admission will be made in the Russian language)

PERSONAL DATA

Full Name: _____

Gender: male female Surname _____ Name: _____ Middle name: _____

Marital Status: _____

Date of Birth: _____ Nationality: _____

National passport No.: _____ Date of Issue: _____ Date of Expire: _____

Present Address: _____

(Country, city/town, street, house No)

Permanent Address: _____

(Country, city/town, street, house No)

Contact No.: _____ Contact E-mail: _____

Where will you apply for Ukrainian visa? _____

(Country, city)

EDUCATIONAL BACKGROUND

SCHOOL

School name: _____ School address: _____

Attended Since _____ till _____ Received Certificate: _____

COLLEGE / UNIVERSITY

College / University (if Attended) name: _____

College / University address: _____

Attended Since _____ till _____ Received Certificate: _____

Have you ever studied in Ukraine before? Yes No If «Yes» (specify the year, course and university name) _____

Have you ever studied Russian or Ukrainian language? Yes No If «Yes» when and where _____

APPENDIX

1. Copy of passport
2. Copies of educational certificates

I confirm that the information given in the form is correct.

Date: _____

Applicants Signature: _____