

Odessa 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 Speciality / Field of study:		Ph.D/PG
Proposed University:		
1st choice:		
2nd choice:	(You can leave empty and we can ch	noose for you the right university)
Want to study in medium of instruction (if required field is not available in English then ad	n: English Family Famil	Russian Ukrainian Ukrainian
	PERSONAL	DATA
Full Name: Surname	Name:	AC 1 II
		Middle name:
Date of Birth:	Nationality:	
		Date of Expire:
Present Address:	Country city/town	ctreat house No.
Permanent Address:	(Country, city/town,	wn, street, house No)
Contact No.:	_ Contact E-mail:	
Where will you apply for Ukrainian visa	a?	(Country, city)
EDUCATIONAL BACKGROUND		
Cahaal nama	SCHOOL	
	LEGE / UNIVERS	
College / University (if Attended) name		
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 Ukra	ainian 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: