APPLICATION FORM

Your Photo

for incoming exchange students

at Sechenov University

2019/2020 academic year

**HOME UNIVERSITY INFORMATION**

|  |  |
| --- | --- |
| Name of Home University |  |
| Contact person at Home University (an Officer of the International Department)First name, Family name, position, contact phone number and email |  |

**PERSONAL DATA and EDUCATION**

|  |  |
| --- | --- |
| Applicant (name and family name) |  |
| Date of birth |  |
| Current address  |  |
| Telephone/ Mobile phone number |  |
| Email |  |
| Passport № |  |
| Passport issued on(dd.mm.yyyy) |  |
| Passport valid until(dd.mm.yyyy) |  |
| Nationality |  |
| Place of birth (according to your passport) |  |
| Gender | male  | female |
| Diploma/degree you are currently studying for |  |  |
| Number of semesters passed |  |  |
|  |  |  |
| Embassy/Consulate (city and official name of the Embassy/Consulate) you are planning to apply for visa in(e.g. Embassy of Russian Federation in Paris) |  |  |

**LANGUAGE SKILLS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 0 | A1 | A2 | B1 | B2 | C1 |
| English |  |  |  |  |  |  |
| German |  |  |  |  |  |  |
| Russian |  |  |  |  |  |  |
| Other language |  |  |  |  |  |  |
| Other language |  |  |  |  |  |  |

**CLINICAL ELECTIVE** (at Sechenov University)

|  |  |  |
| --- | --- | --- |
| 1st choice | 2nd choice | 3rd choice |
| **Subject**  |  |  |  |
| **Month** |  |  |  |
| **Planned period of stay** (1st and last day)\*The first indicated date will be the day of your arrival and the last one will be the day of departure. |  |  |  |
| **What procedures would you like to perform during each indicated subject****\***Please, write as a plan of your clerkship/internship. This information will help to decide which department of the University suits your program |  |
| **Do you need a place at one of Sechenov University dormitories to live in during your short-term study?** | **YES**  | **NO**  |  |
| **Additional comments** |  |