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| Регистрационный номер: \_\_\_\_\_\_\_\_\_\_\_  Ректору ФГБОУ ВО УГМУ Минздрава России  О.П. Ковтун  от абитуриента  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ФИО  Дата рождения: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Гражданство: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Документ, удостоверяющий личность:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Почтовый адрес: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Контактный телефон: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **ЗАЯВЛЕНИЕ**  Прошу зачислить на подготовительные курсы для иностранных граждан и лиц без гражданства по дополнительной общеобразовательной программе (медико-биологическая направленность).  **О себе сообщаю следующие сведения:**  Место рождения: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Пол: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Полных лет: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Образование:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Окончил (год окончания): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Документ о полученном образовании: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  В общежитии на период обучения не нуждаюсь  Способ возврата поданных документов в случае не поступления лично  О себе дополнительно сообщаю:   |  |  |  |  | | --- | --- | --- | --- | | Информация о контактном лице или представителях:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ФИО, контактный телефон  Адрес временного пребывания:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Дата подачи заявления «\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_ г. | \_\_\_\_\_\_\_\_  (подпись  абитуриента) | | | | Подпись работника деканата иностранных студентов |  |  | | | | С лицензией на право ведения образовательной деятельности и приложениями к ней по выбранному(ым) направлению(ям) подготовки (специальности(ям)) ознакомлен(а) | \_\_\_\_\_\_\_\_\_\_\_  (подпись абитуриента) | | |  |  | | | С уставом, правилами внутреннего распорядка, а также условиями обучения ознакомлен(а) | \_\_\_\_\_\_\_\_\_\_\_  (подпись абитуриента) | | | Достоверность сведений в данном заявлении подтверждаю | \_\_\_\_\_\_\_\_\_\_\_  (подпись абитуриента) | | | Согласен(а) на обработку моих персональных данных в порядке, установленном Федеральным законом от 27 июля 2006 г. №152-ФЗ «О персональных данных» | \_\_\_\_\_\_\_\_\_\_\_  (подпись абитуриента) | | |  | Registration number: \_\_\_\_\_\_\_\_\_\_\_  to Rector of the Ural state medical university  O.P.Kovtun  from the applicant  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name  Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Identify card number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Post address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **APPLICATION**  I hereby ask to enroll me to additional educational programme (biomedical) for international students:  **I am declaring the following:**  Place of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Gender:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Full Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Education:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Graduated:\_\_\_\_\_\_\_\_\_\_\_\_ in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Education document:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Document provided:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Foreign Language:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The hostel for the period of study: I do not need.  The documents are to be returned: personally  I also inform  Information about the contact person or representatives:   |  |  |  |  | | --- | --- | --- | --- | | Information about the contact person or representatives:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Names, contact telephone number  Temporary residence address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Application date «\_\_\_\_» \_\_\_\_\_\_\_\_\_ 20\_\_. | | \_\_\_\_\_\_\_\_  Applicant's signature | | | Signature of the Dean’s office for international students staff |  | |  | | I have read and understood license of the University for the programmes I chose | | \_\_\_\_\_\_\_\_\_  Applicant's  signature | | | | I have read and understood Internal code of conduct and education at University | | \_\_\_\_\_\_\_\_\_  Applicant's  signature | | | | I confirm the accuracy of the information in this application | | \_\_\_\_\_\_\_\_\_  Applicant's  signature | | | | I consent to processing of my personal details in order, set by the Federal Law «About Personal Data» № 152-ФЗ dated July 27th, 2006 | | \_\_\_\_\_\_\_\_\_  Applicant's  signature | | | |