

Attention of Belgorod State National Research University Rector

85 Pobedy St., 308015 Belgorod, Belgorod region, Russia

Surname _____ Name _____ Patronymic _____ Date of birth _____ Citizenship _____	Passport: _____ Series _____ No. _____ Subdivision code _____ Issuing body: _____ Registered address: _____
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Contacts: telephone (main number) _____ telephone (additional number) _____
e-mail _____ actual residence address _____

APPLICATION

I hereby ask you to admit me to competitive entrance examinations for residency programs:

No.	Field of training name and code	Form of study	Fee-paying / budgetary basis (specify the relevant one)
1			
2			
3			
4			

I ask you to accept the following scores as entrance examination results or to admit me to entrance examinations:

2019 год	2020 год
<input type="checkbox"/> score of entrance examination achieved at _____ <small>(specify establishment of higher education)</small>	<input type="checkbox"/> score of entrance examination achieved at _____ <small>(specify establishment of higher education)</small>
<input type="checkbox"/> results of testing within specialist accreditation procedures at _____ <small>(specify establishment of higher education)</small>	<input type="checkbox"/> results of testing within specialist accreditation procedures at _____ <small>(specify establishment of higher education)</small>

I hereby request an opportunity to take the following entrance examinations using distance learning technologies

I hereby request special conditions to be provided

_____, in view of health limitations, for the following entrance examinations: _____

(applicant's signature)

(applicant's signature)

Information on prior education: I have a higher education, I have graduated from: _____

Diploma: series _____ No. _____ Date of issue: _____.

Foreign language proficiency: English , German , French , another _____, I have not studied any foreign language .

SNILS (Individual insurance account number) : _____

Information on specialist's accreditation (excerpt from the minutes of the Accreditation Commission final meeting): _____

Information on specialist certificate (if available): _____

I have read the following and I acknowledge in writing that all of it is clear to me: a copy of license for educational activities (with appendix), a copy of the State Accreditation Certificate (with appendix), or information pertaining to absence of such certificate, Belgorod State University Charter, enrolment requirements, appealing procedures, entrance examinations schedule, information pertaining to special rights and privileges in enrolment, e-learning and distance learning procedures in the implementation of training programs

(applicant's signature)

I hereby confirm that all of the information I have submitted is true. **I understand** that a person who intentionally makes a false statement in the application or submits false documents is guilty of an offence

(applicant's signature)

In case of applying for education within quotas for the budgetary basis of studying, **I hereby confirm** that I currently hold no residency diploma or internship diploma (if the enrolment application refers to the same field of training as specified in the Internship diploma, or in cases when the qualification in field of study specified in the enrolment application has already been acquired through a supplementary vocational training program)

(applicant's signature)

Hostel requirement for the period of study: **Yes, I need hostel accommodation** / **No, I do not need any**

(applicant's signature)

I have been notified of deadlines for payment and signing contact for education

(applicant's signature)

I have been notified of the deadline for submitting a document of a standard type

(applicant's signature)

I hereby undertake to submit a document of a standard type before respective deadline.

Should I fail to be enrolled for education, please return the true copy of my document of education which I previously submitted, in the following manner: personally ; via a proxy ; by general post

(applicant's signature)

(applicant's signature)

I hereby give my consent for processing, use, proliferation (including transmission, depersonalization, erasure) of my personal data contained herein and in the documents enclosed herewith, for the purpose of keeping applicant records

(applicant's signature)

I have an employer-sponsored education agreement *

* Fill in this field if you are party to an agreement on employer-sponsored education.

Sponsoring organization _____

Individual achievements Yes / No

(Applicants shall personally confirm their achievements at the Enrolment Board, submitting respective documents)

I am a winner of scholarship established by President of the Russian Federation, by the Government of the Russian Federation**

** These individual achievements apply only in cases if the scholarship was paid during the applicant's study at establishments of higher medical or higher pharmaceutical education

I have a standard-type document with honours

The total record of service as healthcare and (or) pharmaceutical specialists, beginning with enrolment in higher medical or higher pharmaceutical education programs, as confirmed in compliance with the labour law of the Russian Federation, equals to***:

one year and more in the capacity of healthcare and (or) pharmaceutical specialists having secondary vocational education (at least 1/2 of full-time at the principal place of employment, or as a second job)

from one to two years in the capacity of healthcare and (or) pharmaceutical specialists having higher education (full-time at the principal place of employment)

two and more years in the capacity of healthcare and (or) pharmaceutical specialists having higher education (full-time at the principal place of employment)

Total record of service in the capacity of healthcare and (or) pharmaceutical specialists having higher education at healthcare and (or) pharmaceutical establishments in rural areas or industrial townships

*** These individual achievements apply only in cases if the applicant was employed in the above capacities after being enrolled in programs of higher medical or pharmaceutical education.

Award winner of "I am a professional" All-Russian student contest

authorship of at least one academic paper in specialized scientific journal indexed in Scopus or Web of Science, as the primary author (mentioned first in the co-authors list), or as a co-author making an equal contribution

participation in healthcare volunteer activities, including registration in the Unified Information System of Volunteer Development.

Grade Point Average (specify hundredth:) _____.

“ _____ “ _____, 2020

(applicant's signature)

Officer in charge of documents acceptance _____

(signature)

(full name)

APPLICATION WITHDRAWAL

I, _____, do hereby withdraw this application and document enclosed herewith.

“ _____ “ _____, 2020

(applicant's signature)