



FIRST MOSCOW STATE MEDICAL UNIVERSITY

APPLICATION FORM

(For Foreign candidates)

20___/20___ SESSION

Please fill the form in capital letters

FUTURE EDUCATION

Proposed Degree program: Bachelor's ☐

Master's ☐

Ph.D/PG ☐

Speciality / Field of study: _____

Want to study in medium of instruction: English ☐ Russian ☐

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

PERSONAL DATA

Full Name: _____

Surname

Name:

Middle name:

Gender: male ☐ female ☐

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 Russian 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 Russia before? Yes ☐ No ☐ If «Yes» (specify the year, course and university name) _____

Have you ever studied Russian 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: _____