

**To the Rector of the Federal State Budgetary Educational Institution of Higher Education "Stavropol State Medical University" of the Ministry of Health of the Russian Federation Mazharov V.N.
from the applicant**

Surname	Identity document _____ (type of document)
Name	series _____ № _____
Patronymic (if any)	Issued _____ (issued by whom (specify as in the passport))
Date of birth « _____ » _____	_____
Place of birth _____ (specify as in the passport)	_____ « _____ » _____ (date of issue)
Sex _____ (male/female)	Division code _____
Citizenship _____ (according to the identity document)	SNILS _____
I have: _____ education. (secondary (full) general/ secondary general / primary vocational / secondary vocational / incomplete higher, higher)	Telephone _____
Document on education or on education and qualifications _____	
_____ (series)	_____ (number) _____ « _____ » _____ (date of issue)
	_____ (issued by whom)

Please allow me to participate in the competition for admission in the areas of training (bachelor's degree/ specialty/ master's degree level) according to the priority and conditions specified below:

No.	Direction of training	Form of training		The basis of admission	Priority
		full - time	by correspondence	places under contracts for the provision of paid educational services	
1	General Medicine		V	V	
2					
3					
4					
5					

Special rights to participate in the competitive selection:

- I don't have,
 admission without entrance tests (p. 24-28, p. 1, p. 30. of Admission rules)
 preferential right of enrollment, subject to successful completion of entrance tests and other things being equal (p. 32 of the Admission Rules),

I ask you to allow me to take the entrance tests conducted by the Federal State Budgetary Educational Institution of the Ministry of Health of the Russian Federation independently, in the following subjects:

Name of the subject	Time, date and place of the entrance test	Basis
Foreign Language (English)		
Chemistry		
Biology		

Basis:

- In connection with disabilities or invalidity, I ask you to create special conditions when conducting entrance tests:

List of entrance tests	List of special conditions

Basis:

(name of the document, series, number and date of issue, who issued the document)

Please take into account my individual achievements:

List of individual achievements	Basis (details of the confirmation document)	Number of points gained (to be completed by the university)

I need a hostel / I don't need hostel .

I am aware of information about the necessity to indicate in the application for admission of reliable information and submit original documents

(applicant's signature)

I am aware of the rules for admission in current year, approved by the Federal State Budgetary Educational Institution of Higher Education, StSMU of the Ministry of Healthcare of Russia, as well as with the documents and information specified in part 2 of Article 55 of Federal Law No. 273-FL

(applicant's signature)

I confirm that when applying for undergraduate and specialist programs, I submit documents to no more than 5 higher education institutions, including FSBEI HE StSMU of the Ministry of Healthcare of Russia

(applicant's signature)

I confirm that when applying for undergraduate and specialist programs when submitting several applications for admission to a higher education organization, I submit documents in no more than 5 areas of training (specialties)

(applicant's signature)

The way of returning the submitted documents in case of non-admission to training (in case of providing original documents) by express or by mail to the address: _____

All the provisions of the statement are explained and understandable to me

« ____ » _____

(applicant's signature)

I am reporting the following information about myself:

Postal address: _____

Email address: _____

Foreign language: English , German , French , Russian , another _____

Secretary of the Technical Secretariat of the Admissions Committee of the Federal State Budgetary Educational Institution of the Ministry of Health of the Russian Federation

« ____ » _____

(signature of the secretary)