



STUDY IN UKRAINE

PHOTO

APPLICATION FORM

(FOR FOREIGN CANDIDATES)

UKRAINIAN HIGHER EDUCATION

Best Education Standard in Europe

PROPOSED PROGRAM _____

1ST CHOICE _____

2ND CHOICE _____

WANT TO STUDY IN MEDIUM OF INSTRUCTION: ENGLISH _____ RUSSIAN/UKRAINIAN _____
(IF COURSE IS NOT IN ENGLISH THEN ADMISSION WILL BE IN RUSSIAN OR UKRAINIAN)

FULL NAME : _____
(SUR NAME LAST NAME MIDDLE NAME)

GENDER: MALE _____ FEMALE _____ MARTIAL STATUS: _____

DATE OF BIRTH: _____

NATIONALITY: _____

PASSPORT NUMBER: _____ DATE OF ISSUE: _____ DATE OF EXPIRY: _____

PRESENT ADDRESS: _____

PERMANENT ADDRESS: _____

CONTACT NUMBER: _____ CONTACT EMAIL: _____

I WANT TO STUDY MEDICAL _____ OR ENGINERRING _____

APPENDIX:

- 1) COPY OF PASSPORT
- 2) COPIES OF EDUCATIONAL CERTIFICATES

DATE: _____ SIGNATURE: _____

TEL: +380630282828

www.europeanstudyservices.com

Ukraine

