Photo

**Please complete the following form in electronic form and send to**

**NWSMU International coordinator**

|  |  |
| --- | --- |
| **Name of Home University** |  |
| **Contact person at Home University (an Officer of the International Department)**  **First name, Family name, position, email** |  |
| **Field of study** |  |
| **Number of years passed** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL INFORMATION** | | | | | | | |
| Family name |  | | | | | | |
| First name |  | | | | | | |
| Gender (male/female) |  | | | | | | |
| Passport details | PASSPORT №  valid from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Date of birth |  | | | | | | |
| Place of birth | country  town | | | | | | |
| Citizenship |  | | | | | | |
| **PERMAMENT ADDRESS** | | | | | | | |
| Country |  | | | | | | |
| City |  | | | | | | |
| State or Province |  | | | | | | |
| Postcode |  | | | | | | |
| Street |  | | | | | | |
| Telephone |  | | | | | | |
| E-mail |  | | | | | | |
| **PREFERABLE CLINICAL PRACTES (DEPARTAMENTS) WITH NUMBER OF WEEKS** | | | | | | | |
| 1st choice |  | | | | | | |
| 2nd choice |  | | | | | | |
| 3rd choice |  | | | | | | |
| PERIOD OF PRACTICE (DATE):  From \_\_\_\_\_\_\_\_\_\_\_ to\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **STUDENT’S SKILLS** | | | | | | | |
| Native language | |  | | | | | |
| The English language knowledge | | 0 | A1 | A2 | B1 | B2 | C1 |
|  |  |  |  |  |  |
| The Russian language knowledge | | 0 | A1 | A2 | B1 | B2 | C1 |
|  |  |  |  |  |  |
| **VISA** | | | | | | | |
| Embassy/Consulate (city and official name of the Embassy/Consulate) you are planning to apply for visa in (e.g. Embassy of Russian Federation in Finland) | |  | | | | | |