**To the Rector of NWSMU named after I. I. Mechnikov**

|  |  |
| --- | --- |
| **from**  |  |
|  | **full name, DOB** |
|  Registered at |  |  |  |
|  | **Zip code** |  | **Address** |
|  |
|  |
| **Phone number**  |  | **e-mail** |  |
| Identity document |  | №  |  | issued  |  |
|  |  |  |  |  | **(when and by whom)** |  |

**APPLICATION FORM**

1. Please enroll meto the additional general education programme as part of additional education for children and adults **Name of the programme** using distance learning technologies, training period – 8 months, on the basis of the Contract on the provision of paid educational services.

2. In addition, I inform and confirm that:

|  |  |
| --- | --- |
| 1. I acquainted with the License, the Charter, the Internal Regulations for students of the University, additional general education programmes  |  Applicant’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2. I agree to the processing of my personal data in accordance with the Federal Law dated 27.07.2006 No. 152-FZ "On Personal Data", as well as to the photography and the use of my image for the purposes of admission and the educational process at the Federal State Budgetary Educational Institution of Higher Education NWSMU named after I.I. Mechnikov under the Ministry of Health of the Russian Federation, in accordance with Article 152.1 of the Russian Federation Civil Code. | Applicant’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. I am aware of the responsibility for the inaccuracy of the information given in the application and the authenticity of the documents submitted for admission | Applicant’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**I am responsible for the accuracy of this information in accordance with the legislation of the Russian Federation.**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**  *Please enter the date*