

Rector of the Caspian
University
Professor NusenovZh.M.
from the applicant

Surname _____

Name _____

Location _____

(zip code, city, street, house and apartment number)

Home phone _____ Mobile phone _____
(is mandatory)

e-mail _____
(is mandatory)

graduated _____

(name of educational institution (without abbreviations), year of graduation)

Application

I ask to enroll me in the full-time, distance education of the Bachelor of Health care on the educational program 6B10103 General medicine on the basis of secondary, technical and vocational, higher education.

(necessary to emphasize)

Teaching language - English.

I provide the following information about myself:

Gender _____ Date of Birth _____ Nationality _____

Passport number _____ validity _____ issued by _____

Citizenship _____

I _____ need _____ / _____ do _____ not _____ need _____ a
hostel _____

Parent information

Father's name _____

Place of work, position _____

Contact number _____

Mother's name _____

Place of work, position _____

Contact number _____

Sources of information about Caspian University _____

« _____ » _____ 2020 _____

Signature