**Application form**

|  |  |
| --- | --- |
| **Photo** |  |
| **Full name (ФИО)** |  |
| **Date of Birth** |  |
| **Telephone** |  |
| **E-mail** |  |
| **Year (курс обучения)** |  |
| **Specialty** |  |
| **Group №** |  |
| **Department(rus/kz/eng) (язык обучения)** |  |
| **Barcode (баркод, логин в Moodle)** |  |
| **Selected country** |  |
| **Selected university** |  |
| **International passport details** | |
| **Do you have an International passport? (yes or no)** |  |
| **(If yes) Date of expiry** |  |
| **Parental consent** | |
| 1. **Full name** |  |
| **Tel.:** |  |
| ***signature*** |  |
| 1. **Full name** |  |
| **Tel.:** |  |
| ***signature*** |  |

**I agree with conditions of participating: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature)**

**I agree with the processing of my personal data\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature)**

**\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of completion signature**