# FACULTY OF GENERAL MEDICINE FOR OVERSEAS STUDENTS Application for admission (to get an Invitation letter)

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To the Rector of the educational institution	
«Gomel State Medical University»	
5 Lange Street, 246000, Gomel,	photo
Republic of Belarus	photo
Telephone: +375-232-75 51 31	
E-mail: foreigndeensoffice@gsmu.by	
Please fill in block letters	

#### **Unit 1. PERSONAL INFORMATION**

Surname (as it appears in passp	oort)	
Gender (male / female)	Date of birth (dd/mm/y	y)
Place of birth	Citizenship	
Passport number	valid from	_until
Home address		
Telephone (home)	mobile	
E-mail	a student visa?	
The educational program you h Higher education (6 years) in the	nave chosen: he specialty «General medicine» (MD cou	urse) (Please tick ✓):
☐ English medium	☐ Russian medium	
What is your level of English p	oroficiency? (Please tick ✓)	
☐ Elementary ☐ Pre-In	termediate	☐ Upper-Intermediate
What other languages can you	speak?	
Do you need hostel accommod	ation? (Please tick ✓) ☐ No ☐ Yes	<b>S</b>

#### Unit 2. INFORMATION ABOUT THE PARENTS

CIRCLE THE PARENTS			
Full name	Occupation and place of	Contact telephone	Email
1 dil lidille	work	number	Ziiiwii

### **Unit 3. EDUCATIONAL BACKGROUND**

Level of education*	Name of school/college,	Period of studies	Examination grades
	country	(from till)	(grades or %)
Basic secondary			Chemistry –
education			Biology –
(10 <sup>th</sup> class)			English –
			Physics –
Higher/senior/advanced			Chemistry –
secondary education			Biology –
(12 <sup>th</sup> class)			English –
			Physics –
Additional education			Chemistry –
(college, preparatory			Biology –
course etc)			English –
,			Physics –
* list all the advantion institutions you have attended.			

## Unit 4. CONTROL LIST OF THE ATTACHED DOCUMENTS

I am attaching herewith the copies of the following documents and I am obliged to submit the originals attested in a due order with the notarized translation into Russian at the moment of admission at the University (Please tick  $\checkmark$ ):

	moment of admission at the University (Please tick ✓):
]1	Passport copy
]	Photos
1	Medical health certificate
1	Education certificates (10 <sup>th</sup> and 12 <sup>th</sup> classes)
]	HIV certificate
Who is	s going to pay your tuition fee and cover your training expenses (Please tick ✓):  ents □ sponsor / guardian
I entru (Admi	ust to represent my interests in the matters of receipt and delivery of the letters ssion, Fee structure and Invitation letters) to the citizen
	(country, full name, passport details)
	he intermediary company
	CO ABROAD CONSULTANTS
	person of
	JARAM
	ify that the information stated in this application is true and correct and the
	ned documents are authentic.
_	ure:(name)
Date:_	/Signature of Parent

st list all the education institutions you have attended;

<sup>\*\*</sup> please attach all the documents/certificates