



Gomel State Medical University

To

The Dean of The Faculty of General Medicine for Overseas Students,
Gomel State Medical University, Belarus.

APPLICATION FORM

Please consider my Application for admission to the academic year 2016-17

- To the undergraduate M.D.– Physician (6 yrs.) course of studies on speciality “General Medicine”
- To the post graduate training course (3 yrs.) in _____ speciality.

Personal information:

Family Name _____

Middle Name _____ First Name _____

Nationality _____ Passport No _____

Date & place of Birth _____

Marital Status: Single Married Gender: _____

Communication Address _____

Telephone Numbers: Land line _____ Mobile _____

E-Mail: _____

Parents Information:

Name	Relationship	Occupation	Tel.No	Email

Education Background:

Please write the secondary school (10th), higher secondary/college (10+2) and university you have attended:

Years (To-from)	Name and Location of school/college/university	Name of the qualification or diploma earned	Grade or %

Other information:

What languages do you know? _____

I plan to major in _____

Which language do you prefer for studying? English Russian

Who will be responsible for paying your educational expenses? Parent Guardian

Attached Documents:

- Copy of Birth Certificate (**notarially attested and certified translation into Russian or English**);
- Certificate of the accomplished education, with indication of all subjects and marks (**notarially attested and certified translation into Russian or English**);
- Medical Certificate.
- 10 photos, sized 3/4 cm.
- On an additional sheet of paper please write a 150 word statement of purpose to study in Gomel State Medical University.

Statement of Integrity:

I certify that the information provided in this application form is complete, factual and correct. I understand that all required credentials must be submitted before an admission decision can be made. I understand that the official transcripts and educational records will be subject to scrutiny for eligibility at the admission office. I understand that all application documents submitted are the property of the university and cannot be returned or reproduced. I also agree to abide by the rules and regulations of the university.

Student signature _____

Date _____

Statement of Parent/Guarantor:

I hereby guarantee to be responsible for the above applicant's behaviour and financing during the period of his/her studying at Gomel State Medical University, Belarus. In case of emergencies or financial problems, I will be fully responsible and can be reached at the contact details provided herein above.

Name: _____ ID/Passport No. _____

Date: _____ Signature: _____

Note: Our Admission committee will make a decision about your application as soon as you have sent us all the materials listed. Once the admission committee has reached a decision, we will issue the Admission confirmation letter, and later when the student reaches the university he/she needs to make official registration of papers. For this reason, it is important that you write your address on this form clearly and accurately.

Recommendation by Official Representative:

Academic Record: _____

Financial status: _____

Health condition: _____

Remarks: _____

Authorised Signatory

Sign / Seal