**APPLICATION FORM**

**SUMMER SCHOOL 2019**

**North-Western State Medical University named after**

**I.I. Mechnikov**

****

**\*Necessary to fill**

**\*Обязательно для заполнения**

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| \*Name: |  |
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| \*Surname: |  |
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| \*Sex: |  |
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| \*Date of Birth: |  |
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| \*Home country: |  |
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| \*Choose a convenient time interval for you:  ***SUMMER, 2019***  ***AUTUMN, 2019*** |  |
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| \*Select program language:  ***Russian***  ***English*** |  |
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| \*Name of the University/organization: |  |
|  |  |
| \*Education level  ***Student***  ***Ph.D. student***  ***Young Researcher***  ***Other*** |  |
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| \*Contact phone: |  |
|  |  |
| \*Contact e-mail: |  |
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***Please send the filled form to the project manager Ms. Anastasia Barbolina anastasiya.barbolina@szgmu.ru***