Photo

**Please complete the following form in electronic form and send to**

**NWSMU International coordinator**

|  |  |
| --- | --- |
| **Name of Home University** |  |
| **Contact person at Home University (an Officer of the International Department)****First name, Family name, position, email** |  |
| **Field of study** |  |
| **Number of years passed** |  |

|  |
| --- |
| **PERSONAL INFORMATION** |
| Family name |  |
| First name |  |
| Gender (male/female) |  |
| Passport details | PASSPORT № valid from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date of birth  |  |
| Place of birth | country town  |
| Citizenship |  |
| **PERMAMENT ADDRESS** |
| Country |  |
| City |  |
| State or Province |  |
| Postcode |  |
| Street |  |
| Telephone |  |
| E-mail |  |
| **PREFERABLE CLINICAL PRACTES (DEPARTAMENTS) WITH NUMBER OF WEEKS** |
| 1st choice |  |
| 2nd choice |  |
| 3rd choice |  |
| PERIOD OF PRACTICE (DATE):From \_\_\_\_\_\_\_\_\_\_\_ to\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **STUDENT’S SKILLS** |
| Native language |  |
| The English language knowledge | 0 | A1 | A2 | B1 | B2 | C1 |
|  |  |  |  |  |  |
| The Russian language knowledge | 0 | A1 | A2 | B1 | B2 | C1 |
|  |  |  |  |  |  |
| **VISA** |
| Embassy/Consulate (city and official name of the Embassy/Consulate) you are planning to apply for visa in (e.g. Embassy of Russian Federation in Finland) |  |