**To the Rector of NWSMU named after I. I. Mechnikov under the Ministry of Health of The Russian Federation**

**Sergey A. Sayganov**

from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(full name)*

Identity document *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*(number)*

Issued by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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Personal file №\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Statement of consent to enrollment**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give my consent to enrollment to the Federal State Budgetary Educational Institution of Higher Education “North-Western State Medical University named after I. I. Mechnikov” under the Ministry of Health of the Russian Federation on a full-time basis in the training program 31.05.01. **MD course in General Medicine**, partially in English.

Basis of admission: to the places under the contract for the provision of paid educational services.

Statement of consent to enrollment to the places under the contract for the provision of paid educational services is submitted (*underline*): primary, secondary.

Withdrawal of the previous statement of consent to enrollment (*with a date*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I commit during the first year of training:**

- to submit to the University the original document certifying the appropriate level of education required for enrollment, or its notarized copy, or its copy with the provision of the original document for certification;

- to complete compulsory preliminary medical examinations (check-ups) in accordance with the procedure established by the employment contract for the relevant position, approved by the Decree of the Government of the Russian Federation dated August 14, 2013 N 697.

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*(Signature)*

**I have been informed that** if any medical contraindications are identified following a preliminary medical examination in accordance with paragraph 64 of the Admission Regulations (during the first year of study), it is not possible to organize a transfer of students to another training program, as all University’s educational programs are included in the list of training programs in accordance with the Decree of the Government of the Russian Federation from 14.08.2013 № 697 and require completion of compulsory preliminary medical examinations for enrollment to these programs.

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*(Signature)*

**I commit** to submit to the University original copies of the contract for the provision of paid educational services (signed by the Applicant and the Customer, if tuition-fee is not paid by the Applicant) within 14 calendar days after arrival to study.

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*(Signature)*