|  |  |
| --- | --- |
| Major: ............................................................................................... | **APPLICATION FORM FOR DOCTORAL STUDENT**  |
| School | Department | Index |
|  |  |  |
| 1. First name . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Middle name. . . . . . . . . . . . . .  Last name. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 2. Sex . . . . . . 3. Date of birth . . . . . . . . / . . . / . . . . (YY/MM/DD) 4. Nationality . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 5. Place of birth. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 6. Address in home country: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  Cell phone. . . . . . . . . . . . . . . . . . . . . . . . Е-mail. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .7. Resident registration number / Passport number . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 8. Occupation . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .9. Work address . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . .  Telephone . . . . . . . . . . . . . . . . . . . . . . . . . Fax. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 10. Research thesis . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .11. Name of coordinator. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  Title . . . . . . . . . . . . . . . . . . . . . . . . . . . Telephone. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Mailing address: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 12. ТОЕFL-score: (If taken any other proof) . . . . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  |

|  |  |  |  |
| --- | --- | --- | --- |
| **II. SKILLS/ABILITY** |   |   |   |
| **List of Skills** | **Please mark “+”** |
| **good** | **average** | **below average** |
| 1.Profession |  |  |  |
| 2. Work achievement |  |  |  |
| 3.Analize/Define the problem |  |  |  |
| 4.Written expression |  |  |  |
| 5.Oral expression |  |  |  |
| 6.Respect for differences |  |  |  |
| 7.Solving skills |  |  |  |
| 8. Leadership / Influence |  |  |  |
| 9.Innovation |  |  |  |
| 10.Creativity/ Originality |  |  |  |
| 11.Self motivation |  |  |  |
| 12.Team work skills |  |  |  |
| 13.Responsibility |  |  |  |
| 14.Computer skills |  |  |  |
| **(other skills)** |  |  |  |
| **III. ACADEMIC INFORMATION** |  |  |   |
| Name of School/University | (Expected) Date of AttendanceYY/MM/DD | (Expected) Date of GraduationYY/MM/DD | Major |
|   |   |   |   |
|   |   |   |   |
|  |  |  |  |
|   |   |   |   |
|   |   |   |   |
| **IV.** **ACADEMIC TRAINING**/Please mention your research or academic experience and length of time you were involved/ |
| Name of Institution | Name of Institution | Name of Institution | Name of Institution | Name of Institution |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|  |  |  |  |  |
| **V. LANGUAGE SKILLS** (Please mark “+”)  |  |  |  |  |  |  |
| Language proficiency | Listening | Speaking | Reading | Writing |
| Good | Fair | Poor | Good | Fair | Poor | Good | Fair | Poor | Good | Fair | Poor |
|   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |

Applicant’s signature . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . / . . . / . . . . (YY/MM/DD)