SUMY STATE PEDAGOGICAL UNIVERSITY named after A.S. MAKARENKA INTERNATIONAL RELATIONS DEPARTMENT

Address: 87, Romenska Str., Sumy, Ukraine, 40002

Phone: (0542)68-59-20 E-mail:<u>intersspu@gmail.com</u>

QUESTIONNAIRE-APPLICATION FOR ADMISSION TO EDUCATION

(Please fill in block letters)

| Name | | · | |
|--|---|---|--|
| Surname | | | |
| Date of birth: "" | " year (day/month/year) | | |
| Gender: Man□Women□ | | | |
| Nationality | Coun | itry | |
| Marital status:□Single (unn | narried)□Married | | |
| I'm going to get a degree: | Master's degree □ | Doctor of Philosophy □ | |
| | <i>hip</i> □ a specialty | | |
| Language knowledge | | | |
| Native language | | | |
| The level of knowledge of the | ne Ukrainian language | | |
| High □Average □Low □ | | | |
| Other languages (specify lev | · · · · · · · · · · · · · · · · · · · | | |
| High □Average □Low □ 2. | | | |
| High □Average □Low □ | | | |
| 3 | | | |
| High □Average □Low □ | | | |
| ingn =: iverage = 20 w = | | | |
| Postal address of permane | nt residence | | |
| _ | | | |
| City: | Street: | | |
| House: | Apartment:E-mail: | | |
| Tel: | Fax: | E-mail: | |
| | | | |
| | | | |
| Permanent address RESII | ENCE in Ukraine | | |
| | ZI (OZ III OIII UIIIC | | |
| Postal code: | Country: | | |
| | <u> </u> | | |
| House. | Anartment: | | |
| Tel : | Fax: | E-mail: | |
| 101 | 1 ux | L man | |
| | | | |
| <u> </u> | | _, was born on gear, identity documaine "On the Protection of Personal Data", I consent to: processing my personal of Personal Data", I consent to: | |
| | | aine "On the Protection of Personal Data", I consent to: processing my personal of fession, specialty and qualification, work activity, scientific degree, academic ti | |
| · · · · · · · · · · · · · · · · · · · | • | tes, phone numbers, data on my participation in international and European proje | |
| | | arding the processing of this data, including the use of personal data in accorda | |
| • | = | n, as well as actions to grant partial or full rights to process personal data to ot | |
| • | | tion of personal data, which involves the actions of the owner of the personal | |
| base regarding the transfer of informatio | n about a natural person from the perso | onal data base (Article 14 of the said Law); access to personal data of third par | |
| | • | ceiving a request from a third party regarding access to personal data, including | |
| procedure for access of the subject of per | sonal data to information about himself (| Article 16 of the said Law). | |

Information about the received education

| Terms of study | School | | Education document: degree / diploma / certificate |
|--|---|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| Selected specialty, d | epartament/instit | tute | |
| | Details of a | person who can be contac | ted in case of need |
| | | | |
| | | | |
| Tel./fax: | | | |
| Degree of kinship (m | other/father/other) | | |
| I, | | (Full Name and Surnam | |
| to the Sumy State Peda with limited access for titles of the state mode Education and Science be provided to third par and academic titles of Education and Science, | gogical University in the purpose of orderly, as well as ensuring of Ukraine within the ties directly involves the state model and as well as in other cand originals of release | named after A.S. Makarenko ering, producing, recording a g the operation of the unified a limits necessary for achievid in the ordering, production, I in ensuring the operation of eases directly provided for by | by signing this text, I give my consent for the collection and use of information about ment issuing documents on education and academial information database (UEDB) of the Ministry of the above goal. The above information can also accounting and issuing of documents on education a single information database of the Ministry of law. When changing my personal data, I undertakational relations department as soon as possible to |
| | | al information you would litary diseases, allergies, habit | <u> </u> |
| | | | |
| information about m of stay in the territory | y education. I am of Ukraine. I am ation about my pa | informed about the Rules ready to pay tuition and liv revious education will ma | aire are true and most complete, including of admission to the University and the rule ing fees on time. I am warned that incomplete ke the real application invalid and may be |
| Date/ | | (day/month/year) Sign | ature |