



SOUTHWEST STATE UNIVERSITY
94, 50 Let Oktyabrya, Kursk Russia

APPLICATION FORM

Photo

A. INFORMATION ON THE PROGRAM APPLIED FOR: EXECUTIVE DOCTORATE IN CONTEMPORARY BUSINESS MANAGEMENT Professional Development and European Supplement Program

B. PERSONAL INFORMATION			
GENDER:	FEMALE: _____ MALE: _____	MARITAL STATUS:	
CITIZENSHIP:		NATIONALITY:	
COUNTRY OF BIRTH:		COUNTRY OF ORIGIN:	
PLACE OF BIRTH:			
LAST NAME / SURNAME		DATE OF BIRTH: (DD-MM-YY):	
FIRST NAME:		SECOND NAME:	
FAMILY NAME			

FATHER'S NAME:			
MOTHER'S MAIDEN NAME:			
PASSPORT NUMBER:		DATE OF ISSUE (DD-MM-YY):	
		DATE OF EXPIRY (DD-MM-YY):	
ISSUED BY (INSTITUTION):			

C. PERMANENT HOME ADDRESS:		CORRESPONDENCE ADDRESS:	
COUNTRY:		COUNTRY:	
REGION/STATE:		REGION/STATE:	
ZIP/POSTAL CODE:		ZIP/POSTAL CODE:	
POST OFFICE:		POST OFFICE:	
CITY/TOWN:		CITY/TOWN:	
STREET:		STREET:	
BUILDING AND APARTMENT NUMBER:		BUILDING AND APARTMENT NUMBER:	
TELEPHONE NUMBER:		TELEPHONE NUMBER:	
E-MAIL ADDRESS:		E-MAIL ADDRESS:	

D.ENTRY QUALIFICATION	
LAST SECONDARY SCHOOL ATTENDED:	
SCHOOL NAME:	
CITY/TOWN AND COUNTRY:	
DATES ATTENDED:	
YEAR OF GRADUATION	

LAST COLLEGE/UNIVERSITY ATTENDED:			
COLLEGE/UNIVERSITY NAME:			
CITY/TOWN AND COUNTRY:			
DATES ATTENDED:			
YEAR OF GRADUATION:			
TYPE OF DEGREE AWARDED:	BACHELOR: _____	MASTER: _____	NONE: _____
MAJOR:			

E. ENGLISH LANGUAGE SKILLS								
(Please state the level of fluency in English,marking right blank):								
	Proficiency	Advanced	upper-Intermediate	Intermediate	Pre-Intermediate	Elementary		
Reading								
Writing								
Speaking								

F. OTHER QUALIFICATION / OCCUPATION		
Description	Date	Remarks

<p>I declare that the statements made by me on this form are to the best of my ability, belief,true and correct</p> <p>_____</p> <p>Date and candidate's signature</p>	<p>I agree to enter the database and process my personal data for the use of SWSU</p> <p>_____</p> <p>Candidate's signature</p>
---	--