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| 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) . . . . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | | |

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| **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 Attendance  YY/MM/DD | | | | | | | (Expected) Date of Graduation  YY/MM/DD | | | | | Major | | |
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| **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 | | |
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| **V. LANGUAGE SKILLS** (Please mark “+”) | | | | | | | | | | |  | |  |  | |  | |  |  |
| Language proficiency | | Listening | | | | | Speaking | | | | Reading | | | | | Writing | | | |
| Good | Fair | Poor | | | Good | Fair | Poor | | Good | | Fair | Poor | | Good | | Fair | Poor |
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Applicant’s signature . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . / . . . / . . . . (YY/MM/DD)