To the authorized person of Al-Farabi Kazakh National University

from_____
(Full Name)

APPLICATION

I'm kindly asking to enroll me as a student/ MA student /PhD candidate of the Al-Farabi Kazakh National University on the basis of

_____
(Contract No)

on the educational progrдam_____
(code and name of the educational program)

Faculty/department _____

Form of study _____, language of studying _____
(full-time/distant leaning)

My personal information:

1. Date of Birth «___» _____ ____ year **2.** № of passport _____

3. Gender _____ **4.** Citizenship _____

5. Nationality _____ **6.** Graduated year_____

_____

_____
(full name of the educational institution, series and document number, state):

7. Average pass grade (GPA) _____

8. Enrolment is occurring on the base of the educational contract☐, and persons of Kazakh nationality who are not citizens of the Republic of Kazakhstan (quota) ☐

9. Parents (full name, place of residence, telephone, where and by whom work):

Father _____
_____

Mother_____
_____

10. Email and mobile phone of enrollee: _____

11. Permanent registration address:_____
_____

12. Address and phone number in Almaty: _____
_____

13. Foreign language _____ **14**. Dormitory: need \ do not need

I undertake to comply with the regulations, laws and norms of the Ministry of Education and Science of the Republic of Kazakhstan and the Charter, Academic Policy and the Internal regulations of the Al-Farabi Kazakh National University.

Date « ___ » ____ 20_____y. Personal signature _____

I confirm the accuracy of the data entered:

_____ _____
(Full name and signature of the technical secretary) (Executive)