



BELARUSIAN STATE UNIVERSITY



FACULTY OF PRE-UNIVERSITY EDUCATION

APPLICATION FORM FOR THE PRE-UNIVERSITY EDUCATION PROGRAM

DO NOT FAX THIS APPLICATION! WE ACCEPT MAIL COPIES ONLY!

Please stick
you Photo
here

SECTION 1. PERSONAL DETAILS

Family Name: _____ Given Name: _____
(as for passport)

Sex: (Male/Female): _____ Date of Birth (Day/Month/Year): _____

Place of Birth (country / city) _____ Country of Citizenship: _____

Passport No: _____ Date of issue: _____

Issuing authority _____ Valid until: _____

Current Address _____

Tel.(Home) _____ Tel.(Mobile) _____ E-mail: _____

Address and phone number of your agent in the Republic of Belarus _____

Where do you intend to apply for a Student Visa? _____

SECTION 2. EDUCATIONAL BACKGROUND

(please provide us with the detailed information about all schools or other educational establishments you have been studying at)

School / Institution and its' address	Period of study	Major	Certificate / Degree Conferred

SECTION 3. PURPOSE OF STUDY OF RUSSIAN LANGUAGE

- For myself
- I am planning to continue study at the university:
- Pre-University program. Duration: 1 year// 01.09. – 30.06.
 - Higher education. Duration: 4-5 years// 01.09. – 30.06.
 - MA course. Duration: 2 years // 01.09. – 30.06.
 - Post-graduate studies. Duration: 3 years// 01.11. – 31.10.

Indicate your level of the Russian language

- beginning
- intermediate
- advanced

SECTION 4. EDUCATIONAL PROGRAM HOSEN

- Full-time Russian language course (September-June)
- 4 weeks
 - 12 weeks
 - 18 weeks
 - 36 weeks
- Summer school of the Russian language (July-August)
- 4 weeks
 - 6 weeks
 - 8 weeks

ACCOMODATION (DORMITORY/PRIVATE APARTMENT) _____

SECTION 5. APPLICATION CHECKLIST

I have included in this application form the following enclosures (tick off an enclosure (✓))

- Copy of passport valid for the entire study period with the notarized translation into Russian;
- Copies of certificate on Completed secondary school or other institution with notarized translation into Russian;
- Notarized copy of standard medical certificate issued by the official health care agency in the applicant's home country

I declare that the information provided in this application is correct and true.

Signature: _____ Date: _____/_____/_____

Post your application materials to:
 Belarusian State University; Faculty of Pre-university Education,
 25, Akademicheskaja str., 220050,
 Minsk, Republic of Belarus
 Tel. +375-17-2840002