

QUESTIONNAIRE

1. Surname: _____

2. Name: _____

3. Middle Name: _____

4. Date of birth: (date, month, year): ____ / ____ / ____

5. Nationality : _____

6. Gender: _____

7. Passport no: _____ Issued on: _____ Valid till: _____

8. Home address: _____

9. Correspondence (mailing) address if different from above: _____

10. Country where you plan to get visa: _____

11. Tel. #: _____

12. Fax : _____

12. Mobile phone #: _____

13. E-mail: _____

14. Availability of secondary (high) school or college education: _____

15. Documents which can prove your level of education: _____

16. I ask you to admit me (underline) to:

1- Preparatory Faculty

2- Medicine (1st Year of Study)

3- Dentistry (1st Year of Study)

4- Pharmaceutical (1st Year of Study)

5- Nursing (AND, BSN)

6- PG (specify) _____

17. Language of instruction (underline): English, French, Russian, Ukrainian

Date: ____ / ____ / _____

Please fill out this form and email it to the following address as attached file: tsmu.com.ua@gmail.com

Please also attach to your email the copy of your international passport and the copy of the document which can prove your level of education (high (secondary) school or college certificate)