



International Department
South Ural State Agrarian University
Chelyabinsk
Russian Federation
tel: +7 351 266-65-12
E-mail: mo@sursau.ru
<https://sursau.ru>

APPLICATION FORM

Please fill in all the sections. Enclose a set of supporting documents with this application.

1. Personal Details:

Family name (as shown on the passport): _____

Given Name(s) (as shown on the passport): _____

Nationality: _____

Date of birth (dd/mm/yyyy): _____ Gender (M/F): _____

Place of birth (country, city): _____

Passport Number: _____

Date of Issue (dd/mm/yyyy): _____ Expiry Date (dd/mm/yyyy): _____

2. Applicant's Contact Details:

Home address:

Number & street: _____

City/town/village name: _____

State/ Region: _____

Post/zip code: _____ Country: _____

Phone: _____ Mobile: _____

E-mail: _____

Mailing address (if differs from above): _____

3. A way to return the submitted documents in case of non enrollment to training:

4. A level of education and document of the established pattern:

5. Foreign language proficiency:

6. The necessity in the hostel accommodation: _____

7. Arrival and Departure Information:

Date of arrival to Russia: _____

Date of departure from Russia: _____

Place of visa issue (country, city): _____

8. Choose one of the two programs (tick one):

<input type="checkbox"/>	<input type="checkbox"/>
Russian as a foreign language Informatics Mathematics Physics	Russian as a foreign language Chemistry Biology Physics

APPLICANT'S SIGNATURE _____

DATE _____