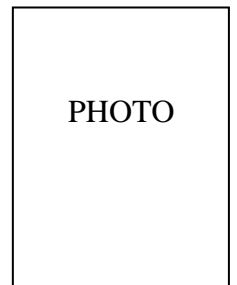




BREST STATE UNIVERSITY NAMED AFTER A.S. PUSHKIN

Application Form for foreign prospective students

Please fill with block letters



1. PERSONAL INFORMATION

Given name(s): _____ Last name(s): _____
as written in passport as written in passport

Sex: Male Female Date of birth _____ Citizenship _____
day/month/year

Passport No.: _____ Passport issued on: _____ Passport valid until: _____
day/month/year day/month/year

Address: _____

Phone numbers:
Work: _____ Home: _____
Please state in international format (e.g. + 111 222 333 44 55)

Mobile: _____ Fax: _____

E-mail: _____

Emergency contact details (name, address, phone, e-mail): _____

Where do you plan to obtain the Student Visa? ¹ _____

2. PREVIOUS EDUCATION ²

Education ³	Name of educational institution	Period of studies (from ___ – until ___)	Document on education ⁴
Secondary education			
specialized secondary / technical-vocational			
Higher education			
Complementary (courses, trainings)			

3. THE FORM OF EDUCATION

Please select (✓) the required options

A. Courses of the Russian language

(<http://www.brsu.by/en/pay/courses-russian-language>)

Please specify duration: from _____ – till _____
day/month/year day/month/year

Please specify number of academic hours ⁵: _____

Please specify whether the instructor should have an academic degree (Associate Professor, Candidate of Sciences): yes no

B. Preuniversity Education

(<http://www.brsu.by/en/edu/faculty-pre-university-education>)

Duration: 1 year

The academic year lasts from September 1, till June 30

C. Higher Education

Duration : from 4 to 5 years

The academic year lasts from September 1, till June 30

Please specify the faculty and the specialty

(<http://www.brsu.by/en/edu/higher-education>)

Faculty: _____ Specialty: _____

D. Master Studies

Duration: 1 to 2 years

Please specify the faculty and the specialty

(<http://www.brsu.by/en/edu/masters-degree-programme>)

Faculty: _____ Specialty: _____

E. PhD Course

(<http://www.brsu.by/en/edu/phd-course>)

PhD Course Scientific Training
3 years min 2 months

Faculty: _____ Specialty: _____

Duration (for scientific training) : from _____ – till _____
day/month/year day/month/year

4. LIST OF THE ENCLOSED DOCUMENTS

I enclose the following documents (✓):

- Copy of the Passport supplied with notarized translation into the Russian Language;
- Two photos;
- Health Certificate;
- Copies of the documents on education supplied with notarized translation into the Russian / Belarusian / Languages;²
- Postal envelope with return address.

Other: _____

I hereby confirm that the information stated in this Application Form is true and veracious.

Signature: _____ Date: _____
day/month/year

Please send this Application Form to:

BREST STATE UNIVERSITY named after A.S. PUSHKIN
 21, Boulevard of Cosmonauts,
 Brest 224016,
 Republic of Belarus
 Department of International Affairs

For further information please contact Department of International Affairs:

Phone/ fax +375 162 21-06-68
 Mobile + 375 29 21-06-115
 E-mail: int@brsu.by
 Website: <http://www.brsu.by/int/>



¹ Please specify the consular organization of the Republic of Belarus, where you plan to obtain your student visa.

² Please leave blank and do not enclose any documents on education in case if you would like to study at the courses of the Russian language.

³ Please indicate all educational institutions where you have studied.

⁴ Please enclose the notarized copies of documents that confirm your education supplied with notarized translation into the Russian / Belarusian languages.

⁵ The number of academic hours can only be divisible by 20, minimal number of hours – 20.