inter-State Educational Institution of Higher Education "Belarusian-Russian University"

Form for receiving an invitation to study

* The form should be completed in block letters

** The form and all the attached documents should be sent to the International Department of Belarusian-Russian University by post or/by fax or/by e-mail

FOTO

Contact point:

Prospekt Mira 43, 212000 Mogilev, Republic of Belarus

<u>Tel/fax:</u> +375 222 25 28 30 <u>e-mail:</u> <u>interstudy@bru.by</u>

1. PERSONAL INFORMATION

Family name:		1	Name:		
·	(as it's written in	the passport)		(as it's written in the	passport)
Patronymic (if	f available):		_		
Sex:	Date of Birth:		Nationality:		
(male/female	_ Date of Birth: _	(day/month/year)	·		
Passport №: _		Date of issue:	(day/month/year)	Date of expiry: _	(day/month/year)
Home address	:				
Home telepho	ne number:(Specify phone nu	Imbers using an interr	Mobile phone: national format, e.,	g. +375 222 25 28 30)	
E-mail:		Fax:			
Father: Surnam	e, Name, Patronyn	nic:			
Place of	f employment, posi				
Contact	number:				
Mother: Surnam	e, Name, Patronyn	າic:			
Place of	f employment, posi				
Contact	number:				
Where are you	ı planning to get a	a study visa?			

(specify the diplomatic representation of the Republic of Belarus where you are planning to get a visa)

2. PREVIOUS EDUCATION

Kind of education *	Name of the educational institution	Period of education (fromto)	Document (certificate, diploma and etc.) **		
Secondary education					
Special /vocational education					
Higher education					
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3. STUDY PROGRAM

Wha	at study program are you plai	nning to enter?	
	Preparatory department. The period of Higher education. The period of Master's Degree Program. The Russian language courses. The	f education is 4-5 years; period of education is 1 year	
Cho	oose the form of study: \Box full-t	ime department	e department.
Cho	oose the faculty where you are	planning to enter:	
			☐ Electrical Engineering Faculty☐ Engineering-Economic Faculty
Spe	cialty for admission:		
The	e level of Russian language pro (lack a knowle	oficiency:dge of Russian / elementary level /	intermediate level / upper- intermediate level)
	litional information:		
I, th	e undersigned, certify that the fo	ollowing information is true a	and accurate.
Sign	nature:	Date:	
		(day/month/year)	

Inter-State Educational Institution of Higher Education "Belarusian-Russian University"
Prospekt Mira 43, 212005 Mogilev, Republic of Belarus www.bru.by

International Department:

phone /fax: +375-222-25-28-30, mobile phone: +375-333-777-501, e-mail: interstudy@bru.by

^{*} Specify all the educational institutions where you studied

^{**} Attach the documents confirming your education (certificate, diploma and etc.)