Sakhalin State University

Application for International Exchange Students

Please fill in and return the application form to: Exchange Program Period

**International Department, Sakhalin State University,** from\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_ **290 Lenina Str., Yuzhno-Sakhalinsk,** Month, Year Month, Year

**Russia, 693008** (Total \_\_\_\_\_months)

**Tel/Fax: +7 (4242) 46-19-40**

**Please type or print clearly and answer all questions in English or Russian**

**1. Name:**

(Indicate the legal full name that appears in your passport)  Male  Female

Last\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle\_\_\_\_\_\_\_\_\_\_\_\_\_

Please write you name in your mother language

Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Nationality**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **3. Date of Birth** (mm/dd/yy)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Passport number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Place of Birth**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (city)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (country)

**6. Home address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Zip code**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7. Phone**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **8. Fax**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9.** **E-mail**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10.** **Consulate General where you’re going to get visa**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(city)

**11.** **Emergency contact**: relationship to Applicant  Mother  Father  Other

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name/ date of birth/ address/ phone number/ e-mail/ fax)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**12. Please send a scanned copy of the first pages of your foreign passport by e-mail to vkorsunov@sakhgu.ru**

**13. Knowledge of languages**

|  |  |
| --- | --- |
| Language(mother tongue first) | Level of knowledge |
| excellent | good | fair |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**14. Home institution**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current academic year  2nd  3rd 4th Courses remaining to graduate\_\_\_\_\_\_\_\_\_\_\_

Major field\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minor field\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office in charge at home institution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person in charge\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**15. List educational institutions attended after graduating from senior high school:**

|  |  |  |  |
| --- | --- | --- | --- |
| Institution | Location | Dates of Attendance | Degree/Diploma  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**I certify that all the information provided on this form is complete and accurate to the best of my knowledge, and if admitted, I agree to comply with the rules and regulations of Sakhalin State University**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_**

(mm/dd/yy)