



**KAZAKH ABLAI KHAN UNIVERSITY
OF INTERNATIONAL RELATIONS AND
WORLD LANGUAGES**

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EXCHANGE STUDENT APPLICATION FORM

Application deadline – Fall Semester (June 20, 2015)
Spring Semester (November 30, 2015)

1. Personal information

Please print or type clearly.

Family name: _____ First name: _____

Middle name: _____

Gender: Male Female Passport № _____

Date of birth (DD/MM/YYYY) _____ Country of birth: _____

Citizenship: _____ Nationality: _____

Please attach a
recent
passport-size
photo

Apt. Number/Street _____ City or town _____

Province/State _____ Country _____ Postal code _____

Phone: _____ Mobile: _____ E-mail: _____

2. Academic information

Home university _____

Major _____ Year of study _____

Proposed Semester(s) of Study at Ablai Khan University:

Fall Semester (September, 2015) Spring Semester (February, 2016)

Level of program you are applying for Undergraduate Graduate

Proposed Field of Study: _____

Major

Name of Department/Program

3. Language proficiency

1) Kazakh Fluent Good Moderate Limited None

2) Russian Fluent Good Moderate Limited None

3) English Fluent Good Moderate Limited None

4. Housing information

All the exchange students can stay in the dormitory for international students of KAUIR&WL

5. Proposed study plan

List the courses you wish to enroll:

Course title

1. _____
2. _____
3. _____
4. _____
5. _____

6. Other

The location where you will be submitting your visa application in your home country

7. Application checklist for admission

All documents written in language other than English, Kazakh or Russian must be accompanied by translations.

Please enclose the following documents:

- An official transcript (record of completed courses and grades) from your home university
- 4 recent passport-style photographs
- A copy of passport
- Statement of purpose
- Certificate of enrollment
- A letter of recommendation

8. Confirmation of the coordinator of your home University

Please provide contact details of your exchange advisor/coordinator at your home university:

Name: _____ E-mail: _____

Phone: _____ Fax: _____

Stamp of the Institution

Signature: _____ Date: _____

I declare that the information I have given in this application form is correct and complete.

Applicant's signature: _____ Date: _____