|  |
| --- |
| **AN APPLICATION FORM FOR TRAINING A FOREIGN CITIZEN****at Tsiolkovsky Kaluga State University Preparatory Division**  |
|  | Surname |  |
|  | Name |  |
|  | Middle name (required if available) |  |
|  | Gender |  |
|  | Date of birth |  |
|  | Place of birth (town / borough, country) |  |
|  | Nationality |  |
|  | Passport (serial number, validity) |  |
|  | Home address (house number, street, town / city, zip code, region, country) |  |
|  | Telephone / fax |  |
|  | E-mail |  |
|  | City and country in which you will receive a visa |  |
|  | Family status |  |
|  | Job (position, organization, address, telephone) |  |
|  | Contact information of one of the parents (degree of relationship, full name, address, telephone, e-mail) |  |
|  | Level of proficiency in Russian (elementary, pre-intermediate, having no command of the language) |  |
|  | Training programme | **Additional general education (general development) programme providing training of foreign citizens and stateless persons to master professional educational programmes in Russian** |
|  | Training profile (economic, biomedical, humanitarian) |  |
|  | Additional Information |  |