

Rector of PHEE «Kyiv Medical University»
Prof. Borys IVNYEV

(Full name – last, first, middle)

Citizen _____

(Full name of country)

(Full name of the higher educational institution)

Home adress _____

Phone umber _____

E-mail: _____

APPLICATION

Please enroll me for studying at a clinical residency of the specialty: «_____

_____».

I guarantee timely payment of tuition fees

I have received the list of required documents

I undertake to receive the corporate mail address in the IT department of the University within one week from the date of enrollment, to check the mail for letters at least twice a week and in case of late fulfillment of the requirements specified in the letter to bear personal responsibility.

_____ 2022 year

_____ (signature) (initials)