

# KAUNO MEDICINOS UNIVERSITETAS

## KAUNAS UNIVERSITY OF MEDICINE

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### APPLICATION FOR ADMISSION

Attach photo

#### INSTRUCTIONS

- Fill in BLOCK printed letters.
- Attach a photocopy of your passport and your certificate of Secondary School (High School).
- A NONREFUNDABLE fee of 50 EUR is required
- All questions must be answered completely. You are fully responsible for inaccuracies.
- Mail your application to the **International Relations and Study Center** to the address above.

SURNAME / FAMILY NAME .....	COUNTRY OF CITIZENSHIP: ..... COUNTRY OF BIRTH : .....			
FIRST NAME (S) .....	DATE OF BIRTH : _____ / _____ / _____ day                  month                  year			
FATHER'S NAME .....	SEX: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE			
MAILING ADDRESS: ..... ..... ..... E-mail: ..... Fax: ..... Tel.: .....	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> OTHER SPECIFY: .....			
EDUCATION	FROM	TO		
HIGH SCHOOL ..... ..... .....	MONTH ..... ..... .....	YEAR ..... ..... .....	MONTH ..... ..... .....	YEAR ..... ..... .....
COLLEGE/UNIVERSITY ..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....
GUARDIAN'S NAME AND ADDRESS : ..... ..... ..... RELATIONSHIP TO YOU :				

**ACADEMIC QUALIFICATIONS**

Examinations, assessments or certificates

Examination / certificate Month      Year	SUBJECT	Result / Grade

Knowledge of languages	READ			WRITE			SPEAK		
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair
ENGLISH									
FRENCH									
OTHER:									

Faculty and class you expected to join       MEDICINE       first year  
 DENTISTRY       second year  
 PHARMACY

How do you expect to meet the cost of your tuition fees and other expenses?  
 My parents  
 Myself  
 A sponsor  
 Others, specify:.....  
Address: .....

If you were not at school last year, indicate what you were doing.....

In the space below describe in handwriting and in English your personal and educational background and your expectations from a university education.

TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS ACCURATE AND COMPLETE. I AGREE TO ABIDE BY ALL COLLEGE AND HOUSING RULES AND REGULATIONS.

NOTICE: ALL DOCUMENTS PRESENTED BY APPLICANTS TO COMPLETE A FILE FOR ADMISSION BECOME THE PROPERTY OF KAUNAS UNIVERSITY OF MEDICINE. APPLICANTS ACCEPTED OR REJECTED ARE REQUESTED NOT TO CLAIM ANY OF THESE DOCUMENTS.

.....  
signature of the applicant      signature of the guardian

DATE: .....