

LVIV NATIONAL MEDICAL UNIVERSITY

69 Pekarska St., 79010 Lviv, Ukraine

Tel 380 (322) 767818, 755927, 757541, Fax 380 (322) 767818, 767973,

APPLICATION FORM

First Name _____ Second Name _____

Surname _____

Parent/Guardian Name _____

Date of Birth _____

Passport Number _____

Citizenship _____

Permanent Address _____

Present Address _____

Fax/Phone Number _____

E-mail number _____

Family Status _____

Highest level of
education obtained _____

Required Course

- | | |
|---|---|
| <input type="checkbox"/> Preparatory language course | <input type="checkbox"/> UKRAINIAN MEDIUM |
| <input type="checkbox"/> Doctor of Medicine (MBBS) | <input type="checkbox"/> ENGLISH MEDIUM |
| <input type="checkbox"/> Doctor of Dentistry (DDS) | <input type="checkbox"/> RUSSIAN MEDIUM |
| <input type="checkbox"/> Registered Nurse (RN) | |
| <input type="checkbox"/> Bachelor of Nursing (BN) | |
| <input type="checkbox"/> Master of Pharmacy (Regular or Distant learning) | |
| <input type="checkbox"/> Postgraduate Training (specify Department and duration course) | |
| <input type="checkbox"/> Ph.D. Program (specify Department) | |

AFFIX
PASSPORT
SIZE
PHOTOGRAPH

Signature of Applicant _____