



Application Form

This form is used for submission of application for enrolment at the NVU. Entries on this form should be transferred to the NVU Board for check of compliance with the enrolment criteria. Fields marked blue indicate NVU requested information and shall not be filled, whereas yellow fields are optional.

1. General Information

Name(s):			
Date of birth: (dd/mm/yy)		Place of birth: (city/country)	
Citizenship(s):		Gender: (male/female)	
Address:			
Phone:		E-mail:	
Skype:		E-mail (other):	

2. Information about desired program

Name of the program/ qualification (major):	
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Information below is optional:

Subfield of specialization:		Estimated minor/ sub-concentration:	
Special competences:		Other:	

3. Information about Prior Education

3.1 General (Secondary) education

Name of the institution:		Qualification:	
Starting date:		Date of accomplishment:	
Address of the main campus of the Institution:			
School leaving certificate number:		Home country entitlement to pursue higher education (yes/no):	



3.2 Higher education (to be filled in case of enrolment request at masters or PhD programs, or if the applicant has conducted at least part of BA education at his/her home institution)

In case of several qualifications please add additional table(s) as many times as needed:

Name of the institution:		Received qualification:	
Duration in years:		(ECTS) Credits earned:	
Starting date:		Date of accomplishment:	
Address of the main campus of the Institution:			
Diploma/certificate number:		Home country entitlement to pursue respective level of higher education (yes/no):	

4. Information about language proficiency

English: (A-highest, B,C,D, E-basic)		Refreshment course needed (yes/no):	
Duration of study (years):		Certificate/confirmation available (yes/no):	

5. Motivation (not more than 500 words)

6. Bank Account Information (for refund – if required) – IBAN with Intermediary (please include SWIFT)

7. Comment or further information



8. Name of Intermediary institution(s)/Agent(s) supporting your application:

Name:			
Phone:		E-mail:	

9. Information about preferred Medical Licensing examination (only for MD students)

Please indicate if you want to take any of the following Medical Licensing exams after accomplishing the study course:

USMLE (USA)	<input type="checkbox"/>	SMC (USA)	<input type="checkbox"/>
PLAB (UK)	<input type="checkbox"/>	AMC (Australia)	<input type="checkbox"/>
FMGE (INDIA)	<input type="checkbox"/>	Other:	<input type="text"/>

10. Confirmation and signature:

I hereby confirm correctness and accuracy of submitted information and awareness that the provision of incorrect or inaccurate information may cause refusal of enrolment.

Signature: _____

Date: _____