



APPLICATION FORM

ACADEMIC YEAR 2023/2024

MEDICAL UNIVERSITY-VARNA

OFFICE OF ADMISSIONS

55 Marin Drinov Str., Varna 9002, Bulgaria

Tel: + 359 52 67 70 85

E-mail: admissions@mu-varna.bg

Rector`s resolution on the application:

To the attention of the Rector of Medical University „Prof. Dr. Paraskev Stoyanov”- Varna:

Dear respected Rector,

I would like to apply to Medical University of Varna for the academic year 2023/2024. I am submitting all the required by MU - Varna application documents.

Incoming № at MUV

Photograph

Please type all information or print legibly

I. PERSONAL DATA

Name _____
Last First Middle

Sex: Male Female

Citizenship _____

Place of Birth _____
City State Country

Date of Birth _____
Day Month Year Nationality _____

Personal Identification Number _____

Permanent address:

Street and № _____

City _____

Zip-code _____

Country _____

Telephone _____

Fax (if available) _____

E-mail (if available) _____

Mailing address:

Street and № _____

City _____

Zip-code _____

Country _____

Telephone _____

Fax (if available) _____

E-mail (if available) _____

II. EDUCATION BACKGROUND

Please indicate name of the high school and universities you have attended

<i>Institution</i>	<i>City/State</i>	<i>Dates of Attendance (from-to)</i>	<i>Diploma № and date of issuing</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

III. SPECIALTIES

Please indicate the programme/s you are applying for with numbers from 1 to 2

- Master program in **Artificial Intelligence in Biomedicine** in English
- Master program in **Artificial Intelligence in Healthcare** in English

IV. PROFICIENCY IN FOREIGN LANGUAGES

Please indicate the level of proficiency: excellent, good, satisfactory

English _____ German _____

French _____ Spanish _____

Other (please specify) _____

V. SOURCE OF THE FINANCIAL SUPPORT

- Personal Resources Financial aid

Private sponsor (please specify – mother, father or somebody else) _____

Sponsor's Name _____
Last *First* *Middle*

Sponsor's permanent address	Sponsor's mailing address
_____	_____
_____	_____
_____	_____
_____	_____

VI. ADDITIONAL INFORMATION (extracurricular activities, accomplishments, etc.)

I hereby declare that all the information provided by me in this application form is true and correct to the best of my knowledge. I have been informed about the criminal responsibility I personally bear under art. 313 of the Criminal Code of Republic of Bulgaria and all evolving consequences for any false data in the submitted by me application documents.

Date: _____

Signature: _____