

APPLICATION
for Higher Medical Education Diploma

.....
(name of the applicant in Bulgarian as in the Bulgarian ID card)

.....
(name of the applicant in English as in the ID card)

Personal №/PNF:

Date of birth:

Place of birth:
(city/region/country)

Citizen of

Phone number/mobile:

e-mail:

Faculty №

Respected Mr Rector,

I hereby would like to request the University to issue my diploma for the successful completion of my higher medical education.

My final state examination was in
(subject)

on
(date of the examination)

Date:

Signature: