



APPLICATION FORM

ACADEMIC YEAR 2015/2016

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 2015/2016. I am submitting all the required by MU - Varna application documents for the Master program of Public Health in English.

Date received at MUV:

Photograph

Incoming № at MUV

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 _____

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) _____

