

KAUNO MEDICINOS UNIVERSITETAS

KAUNAS UNIVERSITY OF MEDICINE

Study International, Västra Hamngatan 20, 411 17 Göteborg
 Tel: 031 13 80 85
 Fax: 031 13 03 29
 E-mail: university@spin.se

APPLICATION FOR ADMISSION

Attach photo

INSTRUCTIONS

- Fill in CAPITAL printed letters.
- Attach a photocopy of your passport and your Certificate of Secondary School (High School).
- A NON-REFUNDABLE fee of 350 EUR is required.
- All questions must be answered completely. You are fully responsible for inaccuracies.
- Mail your application to the **International Relations and Study Centre** to the address above.

SURNAME / FAMILY NAME	COUNTRY OF CITIZENSHIP: COUNTRY OF BIRTH:
FIRST NAME (S)	DATE OF BIRTH: _____ / _____ / _____ day month year
FATHER'S NAME	SEX: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
MAILING ADDRESS: E-mail:..... Fax: Tel.:	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> OTHER SPECIFY:

EDUCATION	FROM		TO	
	MONTH	YEAR	MONTH	YEAR
HIGH SCHOOL
COLLEGE/UNIVERSITY

GUARDIAN'S NAME AND ADDRESS:

RELATIONSHIP TO YOU:

ACADEMIC QUALIFICATIONS

Examinations, assessments or certificates

Examination / certificate Month Year	SUBJECT	Result / Grade

Knowledge of languages	READ			WRITE			SPEAK		
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair
ENGLISH									
FRENCH									
OTHER:									

Faculty and class you expected to join MEDICINE first year
 ODONTOLOGY second year
 PHARMACY
 PUBLIC HEALTH

How do you expect to meet the cost of your tuition fees and other expenses?
 My parents
 Myself
 A sponsor
 Others, specify:.....
 Address:

If you were not at school last year, indicate what you were doing.....

In the space below describe in handwriting and in English your personal and educational background and your expectations from a university education.

TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS ACCURATE AND COMPLETE. I AGREE TO ABIDE BY ALL COLLEGE AND HOUSING RULES AND REGULATIONS.

NOTICE: ALL DOCUMENTS PRESENTED BY APPLICANTS TO COMPLETE A FILE FOR ADMISSION BECOME THE PROPERTY OF KAUNAS UNIVERSITY OF MEDICINE. APPLICANTS ACCEPTED OR REJECTED ARE REQUESTED NOT TO CLAIM ANY OF THESE DOCUMENTS.

.....
signature of the applicant signature of the guardian

DATE: