

Full Name:

Phone:

Full Name: (on Cyrillic)

Representative:

Last

Full Name/:

PIN/UIC

Phone:

High School:

Country:

College/

From:

From:

## **Application**

ID Document №:

Date of birth:

Physical Person Legal Person

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cation		Bx. №	
	Applicant Infor	mation	
Last	First	M.I.	
	<u>Plac</u>	ee of birth	_
	E-mail_		
№ :	Issued on:	Valid to:	
Last	First	M.I.	
ive:			
ysical Person 🗌	Legal Person	☐ Foreign Citizen ☐	
ast	First	M.I.	-
			_
	E-mail_		_
_	Previous Educ	ation	
	City:		
To:	Issued on:	_ Diploma №:	

\_\_\_\_\_ To:\_\_\_\_ Issued on: \_\_\_\_\_ Degree: \_\_\_\_

Country University: \_\_\_\_\_ and City: \_\_\_\_

Language and Specific Trainings							
Level of language proficiency:							
	Bulgarian		Reading skills:				
Writing skills:		_	Talking Skills:				
	English		Reading skills:				
Writing skills:			Talking Skills:				
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Applying for Enrollment							
University	: UNIVERSITY OF	NATIONAL AND W	ORLD ECONOMY	City:_SOFIA			
			_	•			
Bachelor		Master					
Specialty	:						
Year:		Form : FULL	Language	<u>:</u>			
Date of declaration:  Declarant:				Declarant:			
_	Jato of acolaration.			(signature)			