

from \_\_\_\_\_

### Statement

Please enrol me in the Center for Continuing Professional Education of the  
Faculty of Philology from «\_\_\_\_» \_\_\_\_\_ 20\_\_ to  
«\_\_\_\_» \_\_\_\_\_ 20\_\_ for studying the programme  
«\_\_\_\_»  
\_\_\_\_\_»  
(the name of the programme)

#### I provide the following information on myself:

Full Name \_\_\_\_\_

Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Identity document:** \_\_\_\_\_ Nationality \_\_\_\_\_

Series \_\_\_\_\_ Number \_\_\_\_\_ Date of issue \_\_\_\_\_

issued by \_\_\_\_\_

#### Education background:

Diploma Number \_\_\_\_\_ Series \_\_\_\_\_ Date of issue \_\_\_\_\_

The name of the Institution \_\_\_\_\_

Specialty / Qualification \_\_\_\_\_

**Place of residence:** Country \_\_\_\_\_ City \_\_\_\_\_

Address \_\_\_\_\_

**Place of work:** \_\_\_\_\_

Job position: \_\_\_\_\_

**Contact details:** E-mail \_\_\_\_\_

Phone \_\_\_\_\_

consent to the personal data processing

#### I confirm the correctness and authenticity of the provided information

\_\_\_\_\_  
(Full Name)

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

The submitted copies of documents have been verified for compliance with the originals

Position \_\_\_\_\_ Full Name \_\_\_\_\_ Signature \_\_\_\_\_