

To the Vice-Rector for Further
Education of the RUDN University
Elizaveta Telegina
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 _____