



IFNU

Ivan Franko National University of Lviv

Львівський національний університет
імені Івана Франка

2011-2012 Academic Year

APPLICATION FOR ADMISSION (USP)

(This application and supporting documents become the property of IFNU)

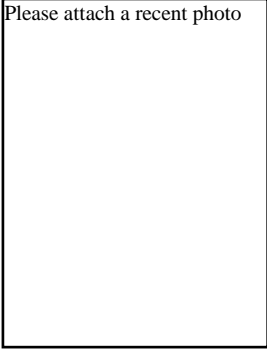
Cancellations: All cancellations must be made in writing to the university. For cancellations received less than two weeks before the commencement of the course no fees are refundable except at the IFNU President discretion in the case of illness or emergencies.

Liability:

A student is liable to pay any damage to the university's property, whether intentional or not. The Dean reserves the right to exclude from class any student who is restricting the class's progress because of poor attendance or bad behaviour. The same conditions are valid for students lodging in a hostel.

Please, type or write clearly

PERSONAL INFORMATION AND MAILING ADDRESS

Last name		Please attach a recent photo 	
First and middle names			
Date of birth (da/mo/yr)	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>		
Nationality	Passport No.		
Permanent Home Address:			
Street	City	Zip/Country	
Telephone	Fax	E-mail	
Name and address of a person to be contacted in emergency			
Telephone	Fax	E-mail	
Family Status: Single <input type="checkbox"/> Married <input type="checkbox"/>			



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SELECTION OF COURSES

<input type="checkbox"/> The USP-course of Ukrainian		
Specific purpose <input type="checkbox"/> private <input type="checkbox"/> business <input type="checkbox"/> research <input type="checkbox"/> theses prep. <input type="checkbox"/> other		
Your level of Ukrainian language proficiency		
<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
<input type="checkbox"/> Private individual tutorials (PIT)		

Enrollment

Desired number of month to study _____	
Desired Enrollment Date (year, month)

Foreign language proficiency

Indicate the foreign language proficiency level			
Language	Beginner	Intermediate	Advanced
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: Application must be signed and dated below in order to be valid.

I certify that the information in this application is true and complete to the best of my knowledge. I understand that inaccurate information may affect my enrollment. Further, I will abide by its rules and regulations.

14. Documents enclosed:

1. Certificate of education/Academic transcript
2. Certificate of health
3. Birth Certificate

NOTE: All the documents must be translated into the Ukrainian and notarized by the Ukrainian Embassy in your country

Applicant's Signature

Date