

To President

of V. N. Karazin Kharkiv National University

Full Professor Tetyana Kaganovska

\_\_\_\_ year student (indicate the course for today) of the  
School of Medicine

\_\_\_\_\_ (full name)

Series and passport number: \_\_\_\_

Date of birth: \_\_\_\_

Contact number: \_\_\_\_

E-mail: \_\_\_\_

### APPLICATION

Please register me for the study program \_\_\_\_\_ (number and full name of the program)  
for the 2022-2023 academic year.

Date

Full name / Personal signature

#### Notes:

*For the mobility program in Georgia, the name of one of the universities must be indicated in the text of the application*

*The application is written with one's own hand on a white sheet of A4 paper.*

*The text of the application must be VERY legible*

*The written application is QUALITATIVELY scanned and sent to the mail assigned to each training program until September 20, 2022*