## REPUBLIC OF BULGARIA MINISTRY OF EDUCATUON AND SCIENCE

2A Kniaz Doundukov Blvd, 1000 Sofia, Bulgaria Phone: +359 2 9217799, Fax: +359 2 9882485 http://www.mon.bg



Study / Research/scholarship in the Republic of Bulgaria for the Academic Year 202\_/202\_

## APPLICATION FORM

amily or last name	First name			Middle name		
				Male  Female		
lationality	Date and Place	Date and Place of birth		Gender	Passport p	hoto
Street, No.	City, postal co	City, postal code		Country		
3-mail	Phone			Fax		
LIST THE PROGRAM		H TO APP	LY FOR / T	TITLE OF PRO	POSED	
RESEARCH PROJECT	T/STUDY PLAN				_	ed date
Name of programme/Research project/Study plan		plan	University/Academic institution		of entry	
			Institution		Month	Year
EDUCATION & PRO	FESSIONAL BAC	KGROUN	D			
University,	Subject/Majo	r Fields		Academic de	gree(s) (with d	ate)
Current position		Dis	cipline / Subject			
University / Organization		De	partment / Institu	te / Faculty		
City, postal code		Stre	eet, No.			
E-mail		Pho	one	Fax		
LANGUAGE SKILLS						
LAUGUNGE SMILLS	Native	ative			Native	
Rate your	Excellent	xcellentExce				
Rate your				Good Fair		
English language	Good Fair		_ Good Fair			

	Speaking	Reading	Writing	
Rate your Bulgarian language skills:	NativeExcellentGood Fair	NativeExcellentGood		
language skins.	Speaking	Reading Fair	Writing	_ Fair
STUDY/ RESE				
A. List institution	s of preference for propose	ed		
B. Field of study/	specialization in Bulgarian	host		
C. Title of study/	research project to be cond	lucted in		
D. Duration of pl Bulgaria	anned stay infrom	to		
E. Do you already scholar/institution	have any contacts with a s	specific		
F. Name of an add Bulgaria	visor in			
ATTACHMEN'	ГS			
A. Attach a detaile materials are availa	ed motivation and description	on of your proposed projected, and any other infor	ct. Include in t mation you co	he description what nsider relevant.
B. Attach a brief c	urriculum vitae with one pl titution(s), field(s) of study	hotograph. Include acaden		
C. Attach an Univ	ersity Diploma (copy of hig	ghest degree earned)		
D. Attach a Letter	of invitation/acceptance for	rom a Bulgarian Institution	(If any)	
E. Attach a List o		8	(	
F. Attach a Medic				
DECLARATION	J			
its attachments i	ng my name below, I att is accurate to the best of s may cause my applica	f my knowledge. I unde	tstand that n	isrepresentation of
Sig	nature	Date	(month/day/y	rear)