

To the Director of the Center for Continuing
Professional Education
of the Philological Faculty of RUDN
University
Kristina Abdus

from _____
(full name of the parent of the student)

mother/father/legal guardian

(full name of the student)

Application

Please enroll my child to the Center for Continuing Professional Education of the Philological Faculty of RUDN University for studying in the additional advanced professional training program / professional retraining program (*please select the applicable option by underlining*)

« _____

from _____ to _____.

Please find my details below:

Legal guardian

Фамилия	
Surname	
Name	
Patronymic	
Sex (male / female)	
Date of birth	
Place of birth	
Citizenship	
Identity document	
Passport	
Series	
Number	
Date of issue	
Issuer	
Subdivision code	
Contact phone	
E-mail	

I am a legal guardian of the following student

Surname	
Name	

Patronymic	
Sex (male / female)	
Date of birth	
Place of birth	
Citizenship	
Identity document	
Passport/ birth certificate	
Series	
Number	
Date of issue	
Issuer	
Subdivision code (if available)	
Individual Insurance Account Number (SNILS, if available)	
Name of the education institution	
Student enrolled in the program of intermediate/higher vocational education	
Has an opinion of the psychological, medical and pedagogical commission establishing health limitations (yes, no)	
Has a confirmed disability (yes, no)	
Place of residence	
Contact phone	
E-mail	

I have read and acknowledge the Charter, the date of granting and the registration number of the license to carry out educational activities, the date of granting and the registration number of the state accreditation of educational activities for the educational programs provided, the information on the educational programs and other documents regulating the organization and provision of educational activities, and the rights and obligations of students.

_____/_____
Signature Full name

I hereby confirm that the information provided is true and correct

_____, 202_ _____/_____
Signature Full name

The copies of the documents are verified as true and correct

_____, 202_ _____/_____
Signature Full name