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

from _____
(full name of the student)

Enrollment application

Please enroll me 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:

Surname	
Name	
Patronymic	
Sex (male / female)	
Date of birth	
Place of birth	
Citizenship	
Identity document *Passport*	
Series	
Number	
Date of issue	
Issuer	
Subdivision code	
Individual Insurance Account Number (SNILS, if available)	
Education details	
Name of the education institution	
Diploma series and number	
Diploma issue date	
Specialty/qualification	
Place of work/study	
Position	
Student enrolled in the program of intermediate/higher vocational education	
I have an opinion of the psychological, medical and pedagogical commission establishing health limitations (yes, no)	
I have 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*