



APPLICATION FORM

From _____

Date of birth: _____ city: _____ country of birth: _____

Phone: _____ e-mail: _____

Dear Mr. RECTOR,

I request authorization to enroll as a full-time student of _____
_____ programme.

For the academic year 20____/20 ____ **I would like / do not request to be enrolled**
(*the unnecessary is crossed out*)

at **Department for Bulgarian Language for Foreign Students.**

I enclose:

1. Copy of the diploma for secondary education, translated into Bulgarian and certified with the APOSTILLE seal in the country that issued the diploma;
2. Document certifying that the diploma for secondary education entitles the holder to continue his/her education in a higher school of the country, which issued the diploma, translated into Bulgarian and certified with the APOSTILLE seal. (*Not required in cases when this is explicitly stated in the diploma*);
3. Transcript of records with the full extract of the school subjects and the grades received from the years of study in the secondary school, translated into Bulgarian and certified with the APOSTILLE seal;
4. Photocopy of the passport
5. 2 photos – passport size;

Scanned copies of the complete set of documents (*including the photo*), submitted in electronic version or sent via e-mail.

I submit my documents through an authorized representative:

Names: _____

Phone: _____ e-mail: _____

Yours faithfully,
(*name and signature*)

Date: _____