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**UNIVERSITY OF CHEMICAL TECHNOLOGY AND METALLURGY – Sofia**

**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 еnclose:**

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: е-mail:

Yours faithfully, Date:

(*name and signature*)