**Reference № .............................................../….........20…...**

**APPLICATION FORM**

**Final decision:**

 **Rector:** .......................
 **Prof. Rumen Mladenov, PhD**

 from .….………..…………………………………….

 ………………………………………………………

date of birth: ………............………………………...

city: …………….………...………………………...

country of birth: ……………….……………………

phone:………………………..….……..………………

е-mail: …………………...…………………..……….

**Dear Mr. RECTOR,**

**I request authorisation to enrol as a full-time student of**

**.................................................................................................................................. programme
at the faculty of ..............................................................................................................................................**

**For the academic year 20....../20...... I would like / do not request to be enrolled at Department of**

(the unnecessary is crossed out)

**Language and Specialized Training of Foreign Students.**

**I submit my documents through an authorized representative:**

Names: ……………….……..……………………………………………………………

Phone: ……………….……..……………

е-mail: …………….……………..…….

**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. **The documents from items 1, 2, 3 are imported to the Regional Education Management and after the diploma has been equated by the Regional Education Management, a certificate of secondary education is obtained, a copy of which is provided;**
5. **Photocopy of the passport / passports (if two), translated into Bulgarian (for EU citizens - copy of ID card);**
6. **Four photos - passport size;**
7. **Scanned copies of the complete set of documents (including the photo), submitted in electronic version or sent via e-mail.**

**The university does not offer student dormitories.**

**I am familiar with the terms for studies at Paisii Hilendarski University of Plovdiv and I undertake to pay the specified fee amounting to:
- EUR 3,000 per year (EUR 1,500 per semester) for foreign nationals;
- EUR 1,500 per year (EUR 750 per semester) for dual citizenship holders, one of which is Bulgarian.**

**Yours faithfully,**

**....................................................................................... Date: .............................**(name and signature)