

(Name and signature)

PAISII HILENDARSKI UNIVERSITY OF PLOVDIV

24 Tzar Asen Str., Plovdiv 4000, Bulgaria

Telephone: (032) 261 261

Rector's office: (032) 631 449, Fax: (032) 628 390

Ref. No/20	APPLICATION FORM
Approved Rector: Prof. Rumen Mladenov, PhD	First Name
DEAR PROFESSOR RUMEN MLADENOV,	
I would like to apply for full-time tuition in	
the programme of	•••••••••••••••••••••••••••••••••••••••
within the faculty of	
I would prefer to be/not to be enrolled (cross out the option not applicable to you)	
in a preparatory course at the Department of Language and Specialised Training for Foreign	
Students for the 20/20 academic year.	
APOSTILLE by the country that issue 2. Document certifying that the certific continue his/her studies in the institut the certificate. The document is APOSTILLE. (this is not required if this has been et al., and the complete to the country school; translated that the certificate issued no earlier translated into Bulgarian and legalian European Health Insurance Card); 6. Four recent photos – passport size (3). Photocopies of all required documents.	cate of secondary education entitles the applicant to tions of higher education within the country that issued translated into Bulgarian and legalised with an explicitly stated in the certificate); list of all subjects and grades awarded for all years of ed into Bulgarian and legalised with an APOSTILLE; f there are two) translated into Bulgarian (for EU ard); er than one month prior to the date of application, ed with an APOSTILLE (for EU citizens – a copy of a 5,5/4,5 cm);
The university does not provide housing. I have familiarised myself with the terms and University of Plovdiv and I agree that I shall pay the - 3000 Euros per year (1500 Euros per semester); - 1500 Euros per year (750 Euros per semester) for a Bulgarian.	
Yours sincerely,	Date: