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| Annex to the Order of the Minister of Education and Science of the Republic of Kazakhstanfrom "\_\_" \_\_\_\_\_\_ № \_\_Appendix 4to the Rules for the selection of applicants for participation in scholarship programs |

**Application form for participation in scholarship programs**

|  |  |  |  |
| --- | --- | --- | --- |
| **Last name** |  | **Citizenship** |  |
| **Name** |  | **Passport number** |  |
| **Patronymic** (if any) |  | **Authority** |  |
| **Date of birth** |  | **Date of issue** |  |
| **Place of birth** |  | **Date of expiry** |  |

|  |  |
| --- | --- |
| **Address of residence**(Country, city, street, house) |  |
| **Phone number**  |  |
| **E-mail** |  |
| **Place of work** |  |
| **Year of graduation from last education** |  |
| **Name of the previous educational institution, its location** |  |

**Information about the previous level of education:**

I have a:

⬜ secondary education

 higher education (bachelor degree)

 postgraduate education (Master degree)

**Previously studied foreign language / its level:**

* English, ⬜ German, ⬜ French, ⬜ another (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* А1. Beginner
* А2. Elementary
* B1. Intermediate
* B2. Upper intermediate
* C1. Advanced
* C2. Proficiency

**I want to be accepted for:**

|  |  |
| --- | --- |
| **The level of education** | * Bachelor

 Master PhD |
| **Speciality/Educational program**(indicate the code and name of the specialty/ educational program) |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Applicant's signature)*

I agree to the processing of my personal data in the manner prescribed by the Law of the Republic of Kazakhstan "On Personal Data and their Protection".