|  |
| --- |
| **PERSONAL INFORMATION** |
| *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Last Name/Surname* *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Last Name**(in Kazakh or Russian)\** | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**First Name* *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**First Name**(in Kazakh or Russian)\** | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* *Middle Name* *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Patronymic Name**(in Kazakh or Russian)\** |

*(Enter your name* ***exactly*** *as it appears on official documents)*

*\*For Republic of Kazakhstan citizens only*

|  |  |  |
| --- | --- | --- |
| Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *dd/mm/yyyy* | Contact telephone numbers Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Country Code/Area Code/Phone Number* Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Country Code/Area Code/Phone Number* | Permanent home address:  |
| Gender * Male
* Female
 |
| E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
| CitizenshipEthnicity (optional)Place of birth (optional)Marital status (optional) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Do you have dual citizenship?Yes NoIf yes, please indicate **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |
| --- |
| **PASSPORT OR ID DETAILS** |
| Passport or ID * Passport Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* ID Card
 |
| Issued by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date of Issue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *dd/mm/yyyy* | Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *dd/mm/yyyy* |
| Individual Identification Number (according to the national ID card): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **CONDUCT** |

1. Have you ever been adjudicated guilty or convicted of felony or other crime?
* Yes
* No

 If you answered “yes” to questions 1 or 2 above, please provide an explanation in the space below.

|  |
| --- |
|  |

***Note: Applicants are expected to immediately notify the School about any changes in the requested information in this application, including information related to conduct.***

|  |
| --- |
| **ACADEMIC BACKGROUND** |

Please list all your undergraduate and professional education, as well as any courses you are currently enrolled in and their expected completion dates.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **From****(mm/yyyy)** | **To****(mm/yyyy)** | **Institution location (country)** | **Institution name** | **Major** | **Language of instruction** | **Official duration of program****(number of years)** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |
| --- |
| **HONORS** |

Please list any distinctions, honors, and awards received that may be relevant to the application.

|  |
| --- |
|  |

|  |
| --- |
| **PERSONAL STATEMENT** |

Please explain why you are interested in this program and what advantage will you get form this program in terms of career development/education (500 words or less).

|  |
| --- |
|  |

|  |
| --- |
| **PREFERENCE OF COURSE DURATION**  |

* **Part-time Course**: Five-month curriculum. Each day from Monday until Friday: 2 hours (12pm – 14pm).

|  |
| --- |
| **PROFESSIONAL (WORK) EXPERIENCE** |

Please indicate below the last three professional and work experiences that you have had (including your present position).

Current Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Number & Street Name/City/Country*

Job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date: \_\_\_\_\_/\_\_\_\_\_

 *mm yyyy*

Key responsibilities:

|  |
| --- |
|   |

Previous Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Number & Street Name/City/Country*

Job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date: \_\_\_\_\_/\_\_\_\_\_\_ End Date: \_\_\_\_\_/\_\_\_\_\_\_

 *mm yyyy mm yyyy*

Key responsibilities:

|  |
| --- |
|   |

Previous Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Number & Street Name/City/Country*

Job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date: \_\_\_\_\_/\_\_\_\_\_\_ End Date: \_\_\_\_\_/\_\_\_\_\_\_

 *mm yyyy mm yyyy*

Key responsibilities:

|  |
| --- |
|   |

|  |
| --- |
| **REFERENCES**  |

Please indicate the names and titles of the individuals you have asked to submit letters of reference on your behalf for this application.

Before you submit your application form, please check that you have included the corporate/institutional email addresses of your referees and they have agreed to provide recommendation letters for you.

Please note that the recommendation letters should be written in Russian or in English on the letterhead of the organization that the referees represent, with the contact information and signature of the referees, and sent from indicated corporate/institutional email addresses.

If your referees do not have corporate/institutional email addresses, they are required to submit the original/hard copies of recommendation letters in a sealed envelope.

NB: Admissions Committee members may contact your referees if they have questions or need further details on any aspect of your application.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Position*

 *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *Organization*

 Contact information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Phone*

 *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *E-mail*

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Position*

 *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *Organization*

 Contact information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Phone*

 *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *E-mail*

|  |
| --- |
| **DISABILITIES AND SPECIAL NEEDS**  |

Do you have any disabilities (including but not limited to chronic illnesses, communicable diseases, mental illness, colour blindness, visual or other physical constraints or limitations) which may or may not cause you to require special assistance or facilities while studying at the University?

* Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If yes please provide all relevant information and medical certificate

**Note:** This information will enable the University to develop a complete profile of an applicant and to determine whether he/she might need additional resources in his/her studies. The University does not, however, guarantee the provision of special aid (financial or otherwise) to any student.

|  |
| --- |
| **SIGNATURE** |

**Required Signature**

* *I certify that along with the application I have submitted all documents required for an application package:*
* *One* *confidential letter of recommendation (from the supervisor)*
* *One-page essay on why the applicant is interested in the program*
* *Copy of diploma*
* *Copy of certificate*
* *Copy of applicant’s identity card or passport*

*I certify that all statements made by me on this form are correct. I understand that I may be the subject to a range of possible disciplinary actions should the information that I have certified here prove to be false.*

|  |  |
| --- | --- |
| **Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_ ***dd/mm/yyyy*** |