**SOFIA UNIVERSITY ST. KLIMENT OHRIDSKI**

**APPLICATION FORM**

**ACADEMIC YEAR 20\_ \_ / 20\_ \_**

**PLEASE RETURN BY EMAIL THE FILLED AND STAMPED FORM TO:**  
**your coordinator from the International Relations Office at SU**

**DEADLINES FOR APPLICATION:**

Winter semester/full year: **31 May**

Summer semester: **31 October**

I am applying for a short-term study at Sofia University St. Kliment Ohridski for *(academic calendar -* [*https://www.uni-sofia.bg/index.php/eng/education/academic\_calendar*](https://www.uni-sofia.bg/index.php/eng/education/academic_calendar)*)*:  
󠄀 **Winter semester** 󠄀󠄀 **Summer semester 󠄀**󠄀 **Full year**

**STUDENT’S PERSONAL DATA   
 *(Please fill in the application form electronically/digitally)***

|  |  |
| --- | --- |
| **Family name(s):** | **First name(s):** |
| **Date of Birth:** *(dd/mm/yyyy)* | **Passport №:** |
| **Place of Birth:** *(city, country)* | **Date of issue:** |
| **Nationality:** | **Date of expiry:** |
| **Sex:** | **E-mail:** |
| **Address:** | **Telephone:** |
| **Emergency contact:** *(Fluent in English)* | **Telephone** *(of the emergency contact)*:  **E-mail:** |
| **Study Level:** *(BA/MA/PhD)* | **Year of study:** |
| **Name of the Program *(for BA and***  ***MA students):*** | **Home Faculty/Department:** |
| **PhD thesis *(for doctoral students):*** | **Brief abstract of the PhD thesis:** |
| **Name of the home university:** | |
| **Address of the university:** | **City and country:** |

**LANGUAGES COMPETENCES**

|  |  |
| --- | --- |
| Mother language: |  |
| Language of instruction at the  home university: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Language: English | | | | |
| UNDERSTANDING | | SPEAKING | | WRITING |
| Listening | Reading | Spoken interaction | Spoken production |
| …………… | …………….. | …………… | …………… | ………….. |

***Levels: A1/2: Basic user - B1/2: Independent user - C1/2 Proficient user   
Common European Framework of Reference for Languages:*** [***http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr***](http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr)

*For another language (if any), please add a new table using the template above.*

#### PLANNED STUDY PROGRAMME AT SOFIA UNIVERSITY

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *You are allowed to choose your courses only from the list provided on the following link:* [***https://erasmus.uni-sofia.bg/site/income/courses/***](https://erasmus.uni-sofia.bg/site/income/courses/)*You are required to choose at least 3 courses per semester by your host Faculty at Sofia University.* | | | | |
| **№** | **Course Code**  **(if any)** | **Course Title in English** | **Semester (winter/summer)** | **ECTS** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |

***Please, add rows if necessary.***

**ACCOMMODATION**

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| ☐ I would like to be accommodated in the Student’s Dormitory during the study period. |
| **Period of stay**: from ……… to …………… |

**MEDICAL INSURANCE**

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| I am aware that having a valid medical insurance for the whole study period in Bulgaria is compulsory and is my own responsibility. |

**ADDITIONAL COMPULSORY DOCUMENTS**

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| *PLEASE, ENCLOSE TO THIS APPLICATION:*  1. Language Certificate of English Proficiency (min. required level B1)  2. Transcript of Records issued by the home university (in English)  3. Copy of the first page of your passport |

**DECLARATION OF CONSENT OF THE STUDENT**

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| I have taken notice and I agree that the information on this form will be stored and used by Sofia University St. Kliment Ohridski in accordance with the provisions of the Data Protection Act and Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data (GDPR) for the purpose of application and participation in the Exchange Programme.  You may find out more about the processing of your personal data on Sofia University’s website: [*https://www.uni-sofia.bg/index.php/bul/universitet\_t/administrativna\_struktura/zaschita\_na\_lichnite\_danni*](https://www.uni-sofia.bg/index.php/bul/universitet_t/administrativna_struktura/zaschita_na_lichnite_danni) |

**COMMITTEMENT**

|  |  |
| --- | --- |
| **Student`s signature:** | **Date:** |

|  |  |
| --- | --- |
| **HOME UNIVERSITY:** */Name/*  *We confirm that the planned study programme is approved.* | |
| **Responsible person:** /Name and position/ | |
| **Signature and stamp:** | **Date:** |

|  |
| --- |
| **HOST UNIVERSITY:** Sofia University St. Kliment Ohridski  Hereby we confirm that the student is accepted as an exchange student for the period mentioned in the Application form and the courses chosen by the student are approved.  The student will be enrolled at:  **Faculty: …………………………………………………………………………………………..**   * **BA Programme:**   **……………………………………………………………………………………………** *(please write the name of the Programme in Bulgarian and in English)*   * **MA Programme:**   **……………………………………………………………………………………………** *(please write the name of the Programme in Bulgarian and in English)*   * **PhD Programme and Adviser:**   **……………………………………………………………………………………………** *(please write the name of the Programme in Bulgarian and in English)* |
| **Additional requirements/conditions for accepting the student, if any:** |
| **Faculty coordinator’s signature and stamp:**  **Name:** |
| **Date:** |