

Attention: Rector of FSBEI HE SamSMU MOH Russia
A.V. Kolsanov
from the applicant

Date of birth: _____

Citizenship: _____

The identity document: _____

Passport _____: series _____ No. _____, issued by (date, authority)

Postal address: _____

Contact phone number: _____

Email address: _____

ENROLMENT CONSENT

I give my consent to enrollment in the FSBEI HE SamSMU MOH Russia on the following admission conditions:

| No. | Field of study and higher education programs | Type of enrolment | Places |
|-----|---|-------------------|--------|
| 1. | _____ | _____ | _____ |

I CONFIRM THE FOLLOWING WITH MY SIGNATURE:

1. During the first year of study, I undertake to submit to SamSMU the authentic document certifying the appropriate level of education required for enrollment (the original of the education document).
2. When submitting a document of education or of education and qualifications issued by a foreign state, I undertake, during the first year of study, to submit to SamSMU the original certificate of recognition of foreign education and (or) foreign qualification.
3. During the first year of study I undertake to pass a mandatory preliminary medical examinations (surveys) if studying on specialties and directions of training within the list of specialties and areas of training where the applicants undergo a mandatory preliminary medical examinations (surveys), in the manner prescribed in the employment contract or service contract of the position or specialty, approved by the decree of the Government of the Russian Federation from August 14, 2013 No. 697 (Collection of legislation of the Russian Federation, 2013, N 33, article 4398).
4. I Confirm that I do not have valid (not revoked) applications for admission to higher education programs of this level to places within the admission quotas, including those submitted to other organizations.

_____ 2021

Signed by the applicant _____