** SURVEY FORM FOR THE DOCTORATE APPLICANT**

**IT IS FILLED OUT IN THE FOLLOWING CASES:**

1. FOR INFORMATIONAL PURPOSES;
2. FOR THE PURPOSE OF ENROLLING IN A PhD PROGRAMME ( IN ACCORDANCE WITH THE LDAS IN MU-VARNA);

Full Name

Current Address

Permanent Address

Citizenship

Phone

E-mail

**EDUCATION**

a-ks

dasc’zkc

‘z

Sdf-k

S]f

EQD „Bachelor” in

(Name of the specialty)

Acquired at in

(Name of the university)

EQD „Bachelor” in

(Name of the specialty)

Acquired at in

(Name of the university)

EQD „Master” in

(Name of the specialty)

Acquired at in

(Name of the university)

EQD „Master” in

(Name of the specialty)

Acquired at in

(Name of the university)

Resident in

(In accordance with Regulation № 34/29.02.2006) (Name of the specialty)

A speciality recognised in

the field of healthcare (in accordance with Regulation № 34/29.02.2006)

1. ­­­­­­­­­­­­­­­­­­­

(Name of the specialty)

Recognised in ­­­­­­­­­­­­­­­­­­­

(Name of the university)

2. ­­­­­­­­­­­­­­­­­­­

(Name of the specialty)

Recognised in ­­­­­­­­­­­­­­­­­­­

(Name of the university)

**WORKPLACE**

Fill out this section if you are working under a contract at the moment!

Position ­­­

(the name of your position)

Company/Organisation

(Name of the company/organisation where you work)

Please, choose!

I fill out the survey form for informational purposes **(If yes, please, fill out section „Scientific activities 1“!)**

I fill out the survey form to enroll in a doctorate programme **(If yes, please, fill out section**

**„Scientific activities 2“!)**

**SCIENTIFIC ACTIVITIES 1**

It is filled out for informational purposes, if you are interested in a doctorate programme, but you have not chosen one!

I am interested in scientific work in the field of

Foreign language , level

Foreign language , level

I would like to be directed to a suitable for me form of a doctorate programme

(regular/part-time/individual)

I would like to be directed to a suitable for me scientific speciality

**SCIENTIFIC ACTIVITIES 2**

It is filled out for the purpose of enrolling in a doctorate programme (In accordance with the Regulations on the

Development of the Academic Staff in MU-Varna)!

I would like to be enrolled in:

Deparment/ESS of

Faculty of

Form of education in the doctorate programme ­­

(regular/part-time/individual)

Scientific specialty

Professional field

Sphere of higher education

Fill out only if you are applying for enrollment in an individual doctorate programme!

I have prepared a dissertation, containing literary review of a minimum of

10 – 15 pages, justification of the dissertability of the subject, aim and tasks,

materials and methods, work hypotheses and bibliography.

Working title of the

dissertation

Scientific mentor

(Full name, academic position and scientific degree)

In

(University/scientific organization)

Specialist of

(It is mandatorily filled out if the person **does not** work at the Medical University of Varna)

Scientific consultant

(Full name, academic position and scientific degree)

In

(University/scientific organisation/other)

Specialist of

(It is mandatorily filled out if the person **does not** work at the Medical University of Varna)

Fill out only if you are applying for a regular doctorate programme!

Family members

Mother (full name)

Father (full name)

Other relation

(Full name) (e.g. brother, sister)

Other relation

(Full name) (e.g. brother, sister, husband/wife)

Scientific field, in which you are interested in or experience. **(Suggest also the subject of the dissertation and a programme for the performance of the research, if there is such!)**

(Describe in details the enclosed additional materials!)

Endorser

(Indicate the habilitated person)

Contacts

(Address/phone/e-mail)

Endorser

(Indicate the habilitated person)

Contacts

(Address/phone/e-mail)

**With the filling out and the sending of this survey form, I declare the authenticity of the submitted information.**

**Date: 29.10.2020 г. Applicant: (signature)**

**Vice Rector CSP: (signature)**