MEDICAL UNIVERSITY - VARNA

PROF. DR. PARASKEV STOYANOV

**SCHOOL FOR PhD STUDENTS**

Ref. № .........................................

**ТО**

**THE RECTOR OF THE MEDICAL UNIVERSITY - VARNA**

**PROF. DR. VALENTIN IGNATOV, MD, PhD**

**APPLICATION FORM**

by ………………………………………………………………………………………………..

*(full name according to identity document)*

address: …………………………………………………………………………………………...

Telephone: ………………... e-mail: ………………………., Personal ID No. ……………….

place of work: …………………………………………………………………………………...

nationality:………………………………………………………………………………………..

 **DEAR PROF. IGNATOV,**

 Please, enrol me on self-study basis in the PhD programme „.............................................” at the Department of .........................................., Faculty of ……………………, with working title of the thesis: .............................................................................................................................

Find enclosed the following **required** documents:

1. A dissertation proposal in the language in which the training will be conducted;
2. Signed CV;
3. Legalized copies of the university diplomas (for Bachelor degree (if any) and for Master degree with the related supplements);
4. Medical certificate issued not earlier than a month prior to the application procedure;
5. Copy of the passport page containing the names, the date and place of birth or a copy of an ID card for citizens of EU member states;
6. 1 passport size photograph (3,5 cm/4,5 cm);
7. Declaration of authenticity of submitted documents;
8. Declaration of profile registration in scientific databases;
9. A document for paid tuition fee;
10. Other documents certifying interests and academic achievements in the field of the doctoral programme – a list of publications, a document for acquired specialty, participation in research projects, rationalisations, patents, additional qualifications, etc.

Date: …………. Respectfully yours,

City: /................................/