# UNDERGRADUATE ADMISSION APPLICATION FORM

Please type or print. Submit this form with all supporting documents to: New Bulgarian University International Relations Office 21, Montevideo Street Sofia 1618, Bulgaria

Please, before filling in the form read carefully the <u>International Students Prospectus</u>. **Program you are applying for:** 

Field of study:

Department:

Name of program:

Where did you get the information about New Bulgarian University from?

# **BIOGRAPHICAL INFORMATION**

| 1. Name:                                                               |                           |                                                                                      |         |
|------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------|---------|
|                                                                        | family (last)             | first                                                                                | middle  |
| 2. Date of birth:                                                      |                           |                                                                                      |         |
| 3. Birthplace:                                                         |                           | month/day/year<br>Citizenship:                                                       |         |
| 4. Sex:                                                                | □ Male city/country       |                                                                                      | country |
| 5. Current mailing address<br>(Until what date is this address valid?) |                           | <b>6. Permanent mailing address</b> (Address where you can be contacted at any time) |         |
| Street                                                                 | Street                    |                                                                                      |         |
| City                                                                   | City                      |                                                                                      |         |
| Country                                                                | Country                   |                                                                                      |         |
| Telephone                                                              |                           | Telephone                                                                            |         |
| FAX Number                                                             | FAX Number                |                                                                                      |         |
| E-mail                                                                 |                           | _ E-mail                                                                             |         |
| 7. Person to conta                                                     | act in case of emergency: |                                                                                      |         |
| Name:                                                                  |                           |                                                                                      |         |
| Relation:                                                              | family (last)             | first                                                                                | middle  |

| Mailing address: |                                      |
|------------------|--------------------------------------|
| Telephone:       | street /city / postal code / country |
| FAX Number:      |                                      |
| E-mail:          |                                      |
|                  |                                      |

## **EDUCATION**

Please list chronologically all secondary school(s) and high school(s) as well as college(s), university(ies) and professional school(s) or other institutions of higher education previously attended.

ALL INSTITUTIONS MUST BE REPORTED, WHETHER OR NOT CREDIT WAS EARNED OR IS DESIRED.

| Institution | Location         | Attendance Dates | Major field | Degree        |
|-------------|------------------|------------------|-------------|---------------|
|             | (City & Country) | From To          |             | (if received) |
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Publications and original work (if any):

#### Main academic and other employment related to your proposed field of study:

| Position        | Employer or Institution | Nature of work | Dates |
|-----------------|-------------------------|----------------|-------|
|                 |                         |                |       |
|                 |                         |                |       |
|                 |                         |                |       |
| LANGUAGE SKILLS |                         |                |       |

Native language(s):

Please indicate your levels of proficiency in foreign language(s) you know as "excellent", "good" or "poor" in the chart below and attach all copies of language certificates to your application.

| Language | Reading | Speaking | Writing |
|----------|---------|----------|---------|
|          |         |          |         |
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|          |         |          |         |

## ESSAY

#### Briefly explain your academic purpose and reasons for applying to New Bulgarian University.

Please be thoughtful, personal, and careful in your writing. There are no right or wrong answers; we are simply hoping to find evidence here that lends substance to our impression of you as a person and student. Tell us about your background, experience and career plans. (*In Bulgarian, Russian, English, French, German, Spanish or Italian*)

Date:

Signature:

(month/day/year)

\_\_\_\_\_

## ATTACHMENTS

In addition to this completed form, your application package must include the following:

- Official diploma for completed secondary education and diploma supplement.
  Please note that the diploma and diploma supplement must be officially legalized in the country where secondary education has been completed, then translated into Bulgarian and legalized.
  Countries that have signed the *Hague Convention Abolishing the Requirement of Legalization for Foreign Public Documents* require a relatively simply process known as APOSTILLE.
- Medical certificate, issued not earlier than 1 month prior to application, legalized by the authorities in your country, translated into Bulgarian and legalized.
  Countries that have signed the *Hague Convention Abolishing the Requirement of Legalization for Foreign Public Documents* require a relatively simply process known as APOSTILLE.
- 3. A legal document evidencing that the applicant meets the general entry requirements for undergraduate studies in the country where his/her secondary education has been completed. This document must be certified by the authorities in your country, translated into Bulgarian and legalized.
- 4. Two recent passport-size photos.
- 5. A copy of the first page of your passport or other identification documents with your names in Latin letters, date and place of birth.
- 6. Copies of all your language certificates. Applicants to programs taught in English whose first language is not English must present proof of English language proficiency.

# I hereby certify that I have personally completed this form and that the information herein is complete and accurate.

DATE

APPLICANT'S SIGNATURE