



TERNOPIL STATE MEDICAL UNIVERSITY

www.tdmu.edu.te.ua

APPLICATION FORM

FOR ADMISSION AS A STUDENT AT Ternopil State Medical University

Family name or Surname (block letters): _____

Other names: _____

Date of Birth: _____

Country of Birth: _____

Nationality: _____

Country of normal residence

International Passport Number:

Issued on:

Valid to:

Correspondence address:

Telephone:

Fax:

E-mail:

Home address if different from above:

Educational background (indicate the educational institution, years of attendance and degrees/certificates obtained):

Grade Point Average: _____

Faculty or Department by which you wish your application
to be considered: _____

Degree or other qualifications which you wish
to obtain from TSMA: _____

Language of instruction: _____