MEDICAL UNIVERSITY - VARNA

PROF. DR. PARASKEV STOYANOV

**SCHOOL FOR PhD STUDENTS**

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

**ТО**

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

**PROF. VALENTIN IGNATOV, MD, PHD**

**APPLICATION FORM**

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

*(full name according to identity document)*

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

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

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

 **DEAR RECTOR,**

 Please, enrol me in the PhD students' programme on individual study plan in the scientific major „.............................................” at the Department of .........................................., Faculty of ……………………, with working title of the thesis work: ............................................................ .

Find enclosed the following **required** documents:

1. Questionnaire of the applicant PhD student;
2. Draft thesis work;
3. Signed CV;
4. Notarized copies of the university diplomas (for Bachelor degree and for Master degree with the related supplements);
5. 2 passport size photos (3,5 cm/4,5 cm);
6. Copy of the employment contract with the Medical University - Varna (*if any*)
7. Declaration of reliability of the presented documents;

Find enclosed the following **additional** documents ***(delete where inapplicable):***

1. Proof of acquired specialty - notarized copy;
2. List of publications with signature;
3. Other documents ***(describe).***

Date: …………. Respectfully yours,

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