*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To the Chairman of the Admission Committee*

*applicant cipher SAEI АR HE «ASUACE», rector*

*D.P. Anufriev*

***STATEMENT***

*I am \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*(Last Name First Name)*

*Citizenship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*The document proving the identity, citizenship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*вид документа*

*№\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Series \_\_\_\_\_\_\_\_\_\_\_\_\_ Issued \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date of issue \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* *male / female \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Place of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Address of permanent residence (under the passport)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*The address of the actual residence (to be filled in case of difference from the address of permanent residence)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_e-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Graduated from an educational institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year of graduation \_\_\_\_\_\_\_\_\_\_*

*Certificate □ / diploma □ Series \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ №\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Please allow me to participate in the competition for admission to the following areas of training (specialty)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***№*** | ***Cipher*** | ***Direction of training*** *(specialty)* | ***Form of training***  *(full-time / part-time)* | ***Financing***  *(budget / commerce)* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*I beg to count as results of entrance examinations to the university of the Unified State Exam*

|  |  |  |  |
| --- | --- | --- | --- |
| ***Subject*** | ***Completion year*** | ***Score*** | ***Signature*** |
| ***Mathematics*** |  |  |  |
| ***Russian language*** |  |  |  |
| ***Physics*** |  |  |  |
| ***Social Studies*** |  |  |  |

I ask you to admit me to the introductory tests in the form and materials of the university

in general subjects: 􀀀 Russian language, 􀀀 Mathematics, 􀀀 physics, 􀀀 Social Studies

of additional entrance examinations: 􀀀 profile test (figure), 􀀀 creative Test (composition)

**Previous education:**

􀀀 Secondary general education 􀀀 Secondary vocational education 􀀀 Higher education (bachelor's degree, specialty, master's degree)

**Conditions of admission:**

􀀀 general competition

􀀀 within a specific quota

􀀀 within the target quota

􀀀 without entrance tests

􀀀 under contracts for the provision of paid educational services

The right to the proceeds of **a special quota:**

􀀀 is absent

􀀀 orphans and children left without parental care, persons from among orphans and children left without parental care􀀀 дети-инвалиды

􀀀 invalids of I and II group

􀀀 invalids since childhood

􀀀 disabled persons due to military trauma or illnesses received during the period of military service

􀀀 veterans of military operations

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(information on documents confirming the right to receive within the special quota (document type, date of issue, if available - series and number)

**I have a priority right when I enroll (if other conditions are equal):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(information on documents confirming the existence of such a right)

**Information about the need to create special conditions for entrance examinations, due to limited health or disability:**

 there is a need

 not necessary

***In addition, I inform about myself the following:***

*The need in a hostel: yes / no*

*Foreign language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Information on the availability of individual achievements (if any)***

|  |  |
| --- | --- |
| № | ***To specify what achievements are available: the name and details of the document confirming individual achievements*** |
|  |  |
|  |  |

***Amount of points for achievements (to be completed by the staff of the AC) \_\_\_\_\_\_\_\_\_\_\_\_***

***Introduced:***

*with rules for admission to SAEI АR HE «ASUACE», \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature*

*with a copy of the license (with attachments)SAEI АR HE «ASUACE», for educational activities;*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature*

*with a copy of the certificate of state accreditation (with attachments) SAEI АR HE «ASUACE»,*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature*

*with information on the special rights and benefits that come to applicants for admission to training*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature*

*with the rules for filing an appeal based on the results of the introductory tests conducted SAEI АR HE «ASUACE», yourself \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature*

*with the date of completion of acceptance of the application for consent to enrollment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature*

*with information on the need to indicate in the application for admission of reliable information and submission of original documents \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature*

***I agree (a) to the processing of my personal data in accordance with the Federal Law "On Personal Data"***

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature*

***I confirm:***

*- submission of applications for admission to no more than 5 universities, including ASUACE;*

*-participation in the contest in no more than three areas of training and (or) specialties in the ASUACE*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature*

*Bachelor's degree I have / do not have*

*Specialist diploma I have / do not have*

*Master's degree I have / do not have   
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature*

**Method of return from submitted originals of documents on education in the case of non-admission to training**

**(check all that apply):**

 personally

 authorized person

 by mail to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of completion: «\_\_\_\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2017y.

Enrollee: /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

*(Last Name First Name) Signature of enrollee*

Signature of the responsible person of the selection committee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

« \_\_\_\_\_\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2017y.