



MEDICAL UNIVERSITY SOFIA

Sofia 1431, 15 Blvd Ivan Geshov, Chacellor's department, Student department,
floor 12

REGISTRATION FORM

REF. №.....

I. Personal data

1. Name.....
2. Date and place of birth.....
3. Passport No.....Personal number..... PHOTO
4. Country.....
5. Nationality.....
6. Address, Telephone.....

II. Secondary education

Name of school, city and country and year of graduation

III. Subject and preferred language to study at Sofia Medical University

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Date

Signature:

I agree that Medical University – Sofia will proceed my personal data when enrolling the documents and publishing the results of the entrance exam in English, Biology and Chemistry while participating in the list of candidates.

I am informed that I can disagree any time considering the personal data only which do not influence the legal part of the proceeding using the “form for disagreement for data proceeding of the subject” by email: dpo@mu-sofia.bg

Signature: