

TO:
THE RECTOR OF MU-SOFIA
PROF. LATCHEZAR TRAYKOV, MD, DSC
HERE

APPLICATION FORM

Name, Middle name and Surname

.....

.....,

Faculty No, Student at Faculty

Dear Rector,

Please sign and stamp the attached form, which allows students from my country to receive financial support during their studies at home and abroad.

I enclose a certificate verifying that I am a full-time student at the Faculty of Medicine.

Date

Respectfully,

.....