

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

## APPLICATION FORM

Name, middle name and surname

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.....,

Faculty. No ....., Student in ..... 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 in the Faculty of Medicine.

Date .....

Respectfully,

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