**SOUTH URAL STATE UNIVERSITY**

**SUMMER SESSION**

**This application should be completed by the applicant and submitted to the International Mobility Office**

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| ***Application form***  |
| ***Full Legal Name (First/Family/Middle)***

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***Gender E-mail Phone Number***

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 ***Country City***

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***Home University Year/Level***

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***Major/ main field of study***

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***Health problems we need to know about***

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***The program you have chosen (RLSS/SRLC/IRP)***

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***Anything you want us to add to the program***

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***Where did you learn about our Summer School?***

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***Thank you very much! Do not forget to send this application by e-mail to*** imo.susu@gmail.com |