

To the rector of Federal State Budgetary Educational
Institution of Higher Education «Kirov State
Medical University» of the Ministry of Healthcare of
the Russian Federation (FSBEI HE Kirov SMU
MOH Russia) L.M. Zheleznov

STATEMENT
of enrollment consent

I, _____,
(full name)
passport № _____, issued by _____,
residing at _____
phone number _____

in accordance with the Admission Rules of FSBEI HE Kirov SMU MOH Russia hereby give my
consent for enrollment on an _____ basis through general competition for higher
(intramural, extramural)
educational programs – bachelor's, specialist's on the training program/specialty

(name of training program/specialty)

considering one of the entrance conditions (choose only one option):

- without entrance examinations;
- within range of applicants with special rights;
- within targeted recruitment;
- within admission quotas;
- within fee-paying educational services contract;

I confirm that the information submitted is true, accurate and complete.

«__» _____ 202_.

signature

Executive secretary of the Admissions Committee

«__» _____ 202_.

signature