



DBA PORTAL
EDUCATIONAL CONSULTANCY CENTER
INTERNATIONAL COURSES

APPLICATION FORM

Please, type or print clearly:

Last name _____

First name _____ **Middle name** _____

Date of birth: “__” “____” 19__ **Sex:** male female

Mailing address: _____ *zip code* _____ *country*

_____ *city* _____ *street*

_____ *building #* _____ *apartment #*

Phone: _____ *Fax:* _____ *e-mail:* _____

Permanent address: _____ *zip code* _____ *country*

_____ *city* _____ *street*

_____ *building #* _____ *apartment #*

Phone: _____ *Fax:* _____ *e-mail:* _____

Name and address of Company (for employees)/Name of current school/university (for students):

Position: _____

Phone: _____ **Fax:** _____

Summary of academic background

Dates of attendance	University (High school)	Degree (Diploma) obtained

I intend to study towards degree:

BA/BSc MA/MSc PhD Specialist

I am going to pass the course: Visiting scholar Summer programme

My intended specialty (major): _____

English Language Proficiency:

Advanced Upper Intermediate Intermediate Lower Intermediate Elementary Beginner

I am ready to pass English language test and all required specialty tests in English

English language programmes I intend to pursue (if any):

1. Pre-University programme (English language for academic purposes + major subjects):

Preparation for Undergraduate studies Preparation for Postgraduate studies

in Humanities in Economics in Science in Medicine in Engineering

2. English language courses: During academic year Summer courses

Full-time Part-time

Courses dates: from ____ (day) ____ (month) ____ (year) to ____ (day) ____ (month) ____ (year)

Information for visa support

Citizenship _____ (if more than one, please indicate them using comas)

Place of birth _____ (country) _____ (city)

Permanently I live in _____ (country) _____ (region)

Passport number _____ Date of issue: ____ (day) ____ (month) ____ (year)

Valid until: ____ (day) ____ (month) ____ (year)

Georgian Embassy/Consulate where you wish to obtain your visa: _____ (country)

_____ (city) Please indicate only countries and cities that have Georgian Consulates

Proposed date of arrival to Tbilisi: ____ (day) ____ (month) ____ (year)

Please, send the invitation letter to the named above **mailing address**.

Additional information: _____

I declare that all the answers to this application are complete and accurate to the best of my knowledge including the information on my academic background. I have been informed on the regulations of admittance to the University and on the tuition fee. I am prepared to timely cover the expenses of studying and living in Tbilisi, Georgia. I am warned that failure to report all the complete and accurate information will invalidate my application and my result in invalidity of a degree obtained if admitted.

Date: ____ (day) ____ (month) ____ (year) **Signature** _____