alte UNIVERSITY

Personal Information:

Full Name:	
Date of Birth:	

Gender	☐ Female ☐ Male ☐ Other	Marital Status	☐ Married ☐ Single ☐ Other

Identification Document:

Passport Number:	
Country of Citizenship:	

Contact Details:

Legal address:	
E-mail	
Phone Number (s)	
Online Communication (including social networks)	
Emergency contact (last name, first name, relationship to you/contact information)	
If applicable, please provide the last name, first name and contact information of your representative/agent	

Education:

Please choose the level of your current qualification Educational document type: Document N _____	☐ Primary school certificate ☐ High school certificate ☐ Incomplete secondary education certificate ☐ Complete secondary education certificate ☐ Professional education
Name, Address of the School/University you are submitting Diploma/Documents	
Graduated year	
English language certificate	☐ TOEFL ☐ IELTS ☐ Other

Program Selection:

Please, choose the educational program you want to pursue	☐ Medical Doctor (MD) ☐ Dentistry ☐ Computer Science

By signing this document, I hereby acknowledge and agree that:

a) the University and subsequently the National Center for Educational Quality Enhancement will review my application after the payment of the tuition fee and grant me the status of a student if the documents submitted by me meet the requirements set by the National Center for Educational Quality Enhancement and the Ministry of Education, Science, and Youth of Georgia.

b) this document and/or other relevant documents needed during the enrollment procedures may be signed electronically using digital document signing platform called „Signify" provided by the University and the signature within the „Signify" will be the equivalent to my physical signature.

c) if any data and/or any document presented with this document (including international passport, school certificate, or transcript) is amended/changed during the enrollment procedures, I will immediatlly provide corresponding information and notification to the University, otherwise I take full responsibility for any misunderstanding and/or hindrance and/or stoppage of the procedures and/or any loss of the University .

Signature: