[](https://www.google.ru/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwi4sJi74LDSAhWjYpoKHc6FAQoQjRwIBw&url=http://www.susu.ru/ru/news/2010/07/22/vypuskniki-susu-v-desatke-samyh-vysokooplacivaemyh-specialistov-strany&psig=AFQjCNFxcu1Y6bzY8GCyyFMi_s9qISRP-Q&ust=1488301278625948)**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)***   |  | | --- | |  |   ***Gender E-mail Phone Number***   |  |  |  | | --- | --- | --- | |  |  |  |   ***Country City***   |  |  |  | | --- | --- | --- | |  |  |  |   ***Home University Year/Level***   |  |  |  | | --- | --- | --- | |  |  |  |   ***Major/ main field of study***   |  | | --- | |  |   ***Health problems we need to know about***   |  | | --- | |  |   ***The program you have chosen (RLSS/SRLC/IRP)***   |  | | --- | |  |   ***Anything you want us to add to the program***   |  | | --- | |  |   ***Where did you learn about our Summer School?***   |  | | --- | |  |   ***Thank you very much! Do not forget to send this application by e-mail to*** [imo.susu@gmail.com](mailto:imo.susu@gmail.com) |