

Application for Admission as a Graduate to the
Institute for European Studies (IES)
of Tbilisi State University



Glue photograph here

Please write your name on the back of the photo

For office use only

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Please Write in BLOCK CAPITAL. Complete all sections.

Section A: Your Personal Details

FIRST NAME	TITLE (Mr., Mrs., Miss etc.)	
LAST NAME	GENDER: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	
PREVIOUS NAME	DATE OF BIRTH: day __ / month __ / year ____	
COUNTRY OF NATIONALITY (please give effective dates, if you have not been a national of a given country since birth)		
COUNTRY OF BIRTH (if different from nationality)		
COUNTRY OF LEGAL PERMANENT RESIDENCE FOR THE LAST THREE YEARS		
COUNTRY	from (dd/mm/yyyy)	to from (dd/mm/yyyy)

Section B: Contact Information

HOME ADDRESS	CORRESPONDENCE ADDRESS (if different)	
POSTAL/ZIP CODE	POSTAL/ZIP CODE	
COUNTRY	COUNTRY	
TELEPHONE (if you give more than one please designate a primary contact number)		
TYPE	WHEN TO CONTACT	NUMBER (inc. international direct dialling code if out of Georgia)
<input type="checkbox"/> mobile <input type="checkbox"/> landline <input type="checkbox"/> fax	<input type="checkbox"/> daytime <input type="checkbox"/> evening	
<input type="checkbox"/> mobile <input type="checkbox"/> landline <input type="checkbox"/> fax	<input type="checkbox"/> daytime <input type="checkbox"/> evening	
<input type="checkbox"/> mobile <input type="checkbox"/> landline <input type="checkbox"/> fax	<input type="checkbox"/> daytime <input type="checkbox"/> evening	
<input type="checkbox"/> mobile <input type="checkbox"/> landline <input type="checkbox"/> fax	<input type="checkbox"/> daytime <input type="checkbox"/> evening	
EMAIL (if you give more than one please designate a primary address)		

Section C: Language Proficiency Information

MOTHER TONGUE:

OTHER LANGUAGES	Writing	Reading	Speaking	Please answer using the following codes: A-Fluent B-Conversational C-Intermediate D-Basic
English				

LANGUAGE TEST RESULTS

Please enter details about any official language test you have taken : (Cambridge CPE, TOEFL, TOEIC...)

Test Type	Date Taken	Overall result

Section D: Additional Information

How did you find out about the MAES programme at the Institute for European Studies?

Internet Brochure Recommendation Visit Student Associations Other :

To which other institutions have you applied?

Institution Name:

Location:

Section E: Details of Current & Previous Higher Education

Previous University / Institution Attended	Dates		Qualification obtained or expected	Main subject	Result (including grade / classification)
	From	To			

Section F: Details of Current & Previous Working Experiences

Previous Employers / Hiring Companies	Dates		Position Held	Contact Details of Employers (address/telephone)
	From	To		

Section G: Special Needs

In order to help us in designing the most appropriate organisation of our facilities and to make sure that all logistic details will be managed proporely, please indicate if you are surfering from one/several of the following disability(ies):

- I am not suffering from any disability
- I have a disability: *(please indicate which is best describing your disability)*

- Dyslexia
- Blind / Partially Sighted
- Deaf / Have an Hearing Impediment
- Wheelchair user/Have Mobility Difficulties
- Personal Care Support Necessary

- Mental Health Difficulties
- Unseens Disability (e.g Epilepsy, Astma)
- Autistic Spectrum Disorder

Other Disabilities not listed above :

Section H: Personal Statement

Applicant for MAES programme should submit a brief 'statement of purpose' (i.e. a motivation letter), giving an account of their motivation for graduate study at the Institute for European Studies. You may wish to consider a number of issues: what relevant academic, research or practical experience do you have? Why are you applying to this particular programme of study? What areas of study in the subject interest you? One page is usually sufficient, which should be submitted as a separate sheet enclosed with this application.

Section I: Data Protection

We will not discuss details of your application with anyone, including family members, unless you have agreed for them to act as an agent on your behalf.

If you wish to nominate someone to act in this capacity please provide his or her details here. Please note that anyone you appoint as an agent wil also be able to give instructions relating to your application.

Name of Agent
Relationship to Applicant

Contact Details

Date of Brith

Section J: Declaration

I certify that the information given in this application is complete and accurate to the best of my knowledge. I understand that the information provided on this form will be held on University's administrative computer system for the purpose of student administration. I consent to the collection and processing of relevant personal data by Tbilisi State University.

I am aware that this information will not be shared with a third party unless my permission is given in Section I (page 3).

SIGNATURE:

DATE:

SIGNED (PLEASE PRINT NAME):