



**NATIONAL AEROSPACE UNIVERSITY**  
**Kharkiv Aviation Institute**

**Application Form for Registration of the Invitation for  
Students from Other Countries  
(Undergraduate and Graduate International Students)**

Please attach a recent photograph in this space  
(Only if you send the form by fax, you can send without a photograph)

*For Office Use Only*

Data:

**NOTE:** Please read carefully the enclosed Application Information for International Students before completing this form. Detach and mail this copy of the application to the department. You should also contact your department for other materials that may be required. Department graduate coordinators and their mailing addresses can be found at [dean10@khai.edu](mailto:dean10@khai.edu) or [prorector\\_ir@khai.edu](mailto:prorector_ir@khai.edu) or by fax: **+380-57 788 42 55**.

**Return to:** Department of International Relations (DIR) of National Aerospace University *KHAI*, 17, Chkalov street, Kharkiv, 61070, Ukraine

**A PERSONAL DETAILS**

**NAME:** (Write your full legal name, without abbreviation, as in Passport, school records, test scores, etc.)

<i>Surname</i>	<i>First name</i>	<i>Middle name</i>

	<input type="checkbox"/>	<input type="checkbox"/>		-		-		
<i>Other surnames used (Maiden, Religious, Professional, Aliases)</i>	<i>Male</i>	<i>Female</i>	<i>Day</i>		<i>Month</i>		<i>Year</i>	
			<i>Sex</i>		<i>Date of birth</i>			

<i>Citizenship</i>	<i>Country of birth</i>	<i>Nationality</i>	<i>City, province, etc. Place of birth</i>

**Passport No.**  *I do not have international passport, since it will be made out after reception of the invitation*

**Degrees already received (the completed)**

<input type="checkbox"/> Secondary education	<input type="checkbox"/> Bachelor	<input type="checkbox"/> Specialist
<input type="checkbox"/> Master	<input type="checkbox"/> Ph.D.	<input type="checkbox"/> Other _____

**Please, point for the preferred specialty for the training at KhAI**

	<b>Degree sought for</b>	<input type="checkbox"/> Bachelor	<input type="checkbox"/> Specialist
		<input type="checkbox"/> Master	<input type="checkbox"/> Ph.D.

**CONTACT ADDRESS (HOME)**

<i>Apartment number and street</i>	<i>City/Suburb</i>

<i>Province or State</i>	<i>Zip or Postal Code</i>	<i>Country</i>

<i>Telephone</i>			
<i>Fax</i>			
	<i>Country Code</i>	<i>Area Code</i>	<i>Local number</i>

*E-mail*

**VISA STATES**

<i>Embassy / Consulate of Ukraine where you get a visa</i>	<i>Country</i>	<i>City</i>

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_