

Approved by the protocol of the Rector's Council of April 15, 2022, N 11/22

Ltd. – to Rector of the University of Georgia  
Konstantine Topuria

Applicant \_\_\_\_\_  
(surname, name)

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Announcement

Please enroll me in a residency/residency alternative postgraduate education  
program/speciality

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(Indicate the program/speciality)

<i>Indicate a higher education institution that you have completed</i>	<i>Indicate faculty/school</i>	<i>Year of Admission</i>	<i>Year of Graduation</i>	<i>Diploma №</i>
<i>Indicate the awarded qualification</i>				
<i>Indicate the specialist assigned as a result of passing the Unified Postgraduate Qualification Exam Applicant's certificate and/or relevant certificate</i>			<i>№</i>	
			<i>Date of issuance:</i>	
<i>Indicate the result of the Unified Postgraduate Qualification Exam</i>			<i>Score:</i>	

*I confirm the accuracy of the information and documents presented.*

*Signature:*

*Date:*