

**APPENDIX 1**

**Evaluation request form for admission in the 2025-2026 academic year**

**Faculty of Nursing and Health Sciences**

**Nursing program, English language**

Dear applicant, please fill in the form below with your personal information using CAPITAL LETTERS:

**Surname** \_\_\_\_\_

**First name** \_\_\_\_\_

**Gender**  M  F

**Date of birth** \_\_\_\_\_

**Citizenship:** Country \_\_\_\_\_ **UE / NON-UE**

**Address** (street, no, town, postal code, country, telephone number)

\_\_\_\_\_  
\_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Facebook account:** \_\_\_\_\_

**Date** \_\_\_\_\_

**Signature** \_\_\_\_\_