

KAZAKH ABLAI KHAN UNIVERSITY OF INTERNATIONAL RELATIONS AND WORLD LANGUAGES

International Office 200 Muratbayev St, 050022 Almaty, Kazakhstan

int.office@ablaikhan.kz Tel.:+7 (707)462 55 32

+7 727 260 12 44

EXCHANGE STUDENT APPLICATION FORM

Please complete the form below. It must be typed in English ONLY.

1. Personal information		Please attach a
		recent
Please TYPE clearly in English. Handwriting	ng will not be accepted.	passport-size
Family name: Firs	t name:	photo
Middle name:		
Gender: □ Male □ Female Pas	sport №	
Date of Birth (DD/MM/YYYY)		
,		
Place of Birth (Important for visa) Are you	u ethnically Kazakh? 🗆 Yes 🗆 No	
Province:	City or Village:	
Country of Birth:	Nationality:	
Home Address (Important for visa)	Country:	
Province/State:	Postal code:	
City or Town:	Apt. Number/Street:	
Phone:	Mobile:	
E-mail:		
2. Academic information		
Home University		
Major	_ Year of Study	
Proposed Semester(s) of Study at Ablai K ☐ Fall Semester (September, 2023) ☐ S	•	
Level of Program you are applying for \Box L	Indergraduate ☐ Graduate	
Proposed Field of Study at Ablai Khan Un	iversity:	

3. Language proficier	су	
1) Kazakh	☐ Fluent ☐ Good ☐ Moderate ☐ Limited ☐ None	
2) Russian	☐ Fluent ☐ Good ☐ Moderate ☐ Limited ☐ None	
3) English	☐ Fluent ☐ Good ☐ Moderate ☐ Limited ☐ None	
4) Other	☐ Fluent ☐ Good ☐ Moderate ☐ Limited ☐ None	
4. Housing information	n	
All the exchange stude	nts can stay in the dormitory for international students of KAUIR&WL	
Would you like to apply	for the dormitory at Kazakh Ablai Khan University? ☐ Yes ☐ No	
5. Other (Important for	visa)	
The location of Kazakhstan Embassy or Consulate where you will be submitting your visa application in your Home Country		
6. Confirmation of the	Coordinator of your Home University	
Please provide contact	details of your exchange advisor/coordinator at your home university:	
•		
Name:		
·	E-mail:	
Name:	E-mail: Fax:	
Name:	<u>E-</u> mail:	
Name: Phone: Stamp of the Institution	E-mail:	
Name: Phone: Stamp of the Institution Signature: 7. Application checkli	E-mail:	
Name: Phone: Stamp of the Institution Signature: 7. Application checkli	E-mail: Fax: : Date: st for admission guage other than English, Kazakh or Russian must be accompanied by translations.	
Name: Phone: Stamp of the Institution Signature: 7. Application checkli All documents written in lang Please enclose the follo	E-mail: Fax: : Date: st for admission guage other than English, Kazakh or Russian must be accompanied by translations.	
Name: Phone: Stamp of the Institution Signature: 7. Application checkli All documents written in lang Please enclose the follo	E-mail: Fax: : Date: st for admission guage other than English, Kazakh or Russian must be accompanied by translations. Dwing documents:	
Name: Phone: Stamp of the Institution Signature: 7. Application checkli All documents written in lang Please enclose the follo □ 3 recent passport-st □ A Copy of Passport	E-mail: Fax: : Date: st for admission guage other than English, Kazakh or Russian must be accompanied by translations. Dwing documents:	
Name: Phone: Stamp of the Institution Signature: 7. Application checkli All documents written in lang Please enclose the follo □ 3 recent passport-st □ A Copy of Passport □ Signed Nomination I	E-mail: Fax: Date: st for admission guage other than English, Kazakh or Russian must be accompanied by translations. Dwing documents: yle photographs (bring two of them to the office upon arrival, please)	