• AMERICAN UNIVERSITY OF CENTRAL ASIA •

Application for Admission as a Transfer Student 2022-2023

Office of Admission •Office of the Registrar• American University of Central Asia • 7/6 A. Tokombaev st. • Bishkek 720060• Kyrgyz Republic•Phone: 996 (312) 915000 (+407, +409, +400, +402) • E-mail: admissions@auca.kg•registrar@auca.kg• www.auca.kg

LETTER TO THE PRESIDENT OF AMERICAN UNIVERSITY OF CENTRAL ASIA				
To President of AUCA Dr. Jonathan Becker from Permanent Address	Attach a 3x4 cm full-face color photo (on white background)			
DECLARATION	-			
I would like to receive permission to transfer from				
To AUCA program as astudent. (sophomore or junior) I have read and understood the transfer policy of the University posted on the AUCA web site.				
Signature Date2022				
 SUPPORTING DOCUMENTS TO BE SUBMITTED TO the ADMISSIONS OFFICE Copy of high school diploma or vocational education certificate (Note: Upon transfer to AUCA, the original copy of a diploma with appendix must be submitted to the Office of Admissions) Official copies of university transcripts / akademicheskaya spravka (Note: Applicants who have graduated from educational institutions outside of the Kyrgyz Republic must present an a certificate from the Ministry of Education and Science of the Kyrgyz Republic). Copy of Republic Test Certificate taken in the year of graduation from high school (FOR KYRGYZ CITIZENS ONL (Note: the original copy of the certificate must be submitted to the Office of Admissions upon transfer to AUCA) Copy of passport information pages 2 color photographs (3 x 4 cm white background) If the language of instruction in the institution you are transferring from is not English, English language test results 	graduation certificate or equivalency			

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APPLICANT INFORMATION				
NAME AND RESIDENCE INFORMA	TION (Please write your name as it ap	pears in official documents	s both in English	and Russian):
Full Name in English (as in passport):				
	Family Name (Surname)	Given Name (First)	Middle N	Jame (if any)
Full Name in Russian (Ф.И.О.):				
	Фамилия	Имя Отчество		ство
Residence Information (required):	Nationality	Country of Citizenship		
		•	•	
Date of Birth (day/ month/ year):	(i.e. 27 March, 2005)	Gender :	Female	Male
	(
CONTACT INFORMATION:				
Permanent Mailing Address:				
	House or Apartment Number and Street			
City and District	Province / Oblast / State	Countr	y	Postal Code
Permanent Phone Number:				
(country and city	code)			
E-mail:	Mobile Pho	one Number:(country and c	-te- anda)	
		(Country and C	ity code)	
Current/Local Address: (If different from above)	House or Apartment Number and Street			
(Hullicient Holl above)	nouse of Apartment Pulmoet and outer			
City and District	Province / Oblast / State	Countr	rv	Postal Code
Current Phone Number:			,	
(country and city code	le)	(country and city code)		
ALTERNATE CONTACT: (This should	d be someone OTHER THAN YOU OR	YOUR PARENTS, such as	a <u>relative</u> , <u>friend</u> ,	or <u>neighbor</u>)
Full Name:	His/Her relation to you:			
Phone Number:	(must be	different number from your l	home or mobile p	hone numbers)
[Important: Address and contact changes	should be reported immediately to the (Office of Admissions.]		
PASSPORT INFORMATION:				
Passport # :	Passport Issuing Auth	ority:		
Passport Issue Date (Day/ Month/ Year):_	-	•		
Please note that all international studen				
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• AMERICAN UNIVERSITY OF CENTRAL ASIA •

UNIVERSITY/ HIGHER EDUCATION:					
Name of College/ University/ Institution:					
Address of College/ University / Institution:					
,	Street Address				
City and District	Province / Oblast / State	Country	Postal Code		
Year of Graduation (or anticipated Date of Gradua	tion):	Certificate/Diploma Number:			
Degree and Major (i.e. Bachelor of Arts, History):					
	FINANCIAL AID INF	ORMATION			
This information is essential for assessing potto AUCA. The information you provide is no strict confidence.					
Are you applying for a financial aid / so	cholarship at AUCA?	Yes or No			
If your answer is YES , please contact AUCA information.	's Financial Aid Office (room	m 237; phone +996 312 915 000, ext 41	2) for detailed		
	FAMILY INFORMA	ATION			
Father's Full Name:					
Home Phone Number:	Work Phor	ne Number:			
Mobile Phone Number:	E-mail (if a	nny):			
Place of Employment & Position Held:					
Mother's Full Name:					
Home Phone Number:	Work Phor	ne Number:			
Mobile Phone Number:	E-mail (if a	nny):			
Place of Employment & Position Holds					