



APPLICATION FORM

Full

Name.....
.....

(format: personal name, family name)

Date of birth: City of birth:country of birth:.....

Cellular Phone:..... e-mail:
.....

Dear Mr./Ms. RECTOR,

I request authorization to enroll as a full-time student in

.....
.....
..... program.

for the academic year 20 /20

Here enclose as attached files I present also the following document:

1. Copy of the diploma for secondary school education, translated into Bulgarian and certified with the APOSTILLE seal in the country that issued the diploma;
2. Document certifying that the diploma for secondary school education entitles the holder to continue his/her education in a higher school of the country, which issued the diploma, translated into Bulgarian and certified with the APOSTILLE seal. (*Not required in cases when this is explicitly stated in the diploma*);
3. Transcript of records with the full extract of the school subjects and the grades received from the years of study in the secondary school, translated into Bulgarian and certified with the APOSTILLE seal;
4. Photocopy of the passport or another identity document
5. 2 photos – passport size;

I submit my documents through an authorized representative:

Names:

Phone: e-mail:

Scanned copies of the complete set of documents (*including the photo*) have to be sent via e-mail to ksd@uctm.edu and education-admin@uctm.edu.

Yours faithfully,
(name and signature)

Date:

DECLARATION

I, the undersigned,

hereby declare that all the documents I have submitted for admission to the UCTM – Sofia are true and correct, and the copies correspond to the originals.

I am aware that if I provide false data on the basis of which I have been admitted to the university, or if the documents in my student record are forged, I will be subject to expulsion/suspension from UCTM – Sofia.

I am aware that for providing false data I bear criminal liability under Art. 313 of the Penal Code of the Republic of Bulgaria.

Date: 2026 г.

Declarant: