To:

Dean

of FVM at Trakia University

Stara Zagora

**APPLICATION FORM**

Name of student (VI year): ………………………………………………………………………………………..

Faculty number: ………………………………………………………………………………………………………..

 Telephone: …………………………………………………………………………………………………………………

Email: ………………………………………………………………………………………………………………………..

Respected Dean of FVM,

I would like to be permitted to sit the State exams in the following order (Practical State exam/ Theoretical State exam):

1. ………………………………………………………………………………………………..
2. …………………………………………………………………………………………………

I have completed successfully the 10th semester and have no pending exams.

I declare that the information provided on this form is correct.

Signature (applicant): Date: