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**QUESTIONNAIRE**

**for foreign citizens studying at Penza State University**

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| 1.Full Name(in Russian) |  |
| 2.Full Name(in English, spelled like in the passport) |  |
| 3. Date and place of birth (dd.mm.yyyy, country, town/village) | Day\_\_\_\_ month\_\_\_\_\_\_\_\_\_\_\_year\_\_\_\_\_\_\_Country\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_town/village\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4. In case you have changed your name, please state your previous names, as well as time and cause of the change? |  |
| 5. Citizenship at the present time |  |
| 6. Are you a citizen of other countries or do you have a residence permit in other countries(place and date of issue, number of passport/residence permit) |  |
| 7. Sex (underline) | male female |
| 8. Marital status(underline) | single; married; divorced; widow/widower; married, but live separately |
| 9. Education (when and which educational institutions did you graduate from, which program did you finish?) | Name of institution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Program\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 10. What foreign languages are you fluent in/have intermediate level/have elementary level? |  |
| 11.Level of education in PSU | Bachelor Specialist Master Postgraduate Intern(underline) |
| 12. Faculty |  |
| 13. Have you or your relatives been subject to criminal prosecutions in the country of permanent residence | Yes No(underline) |
| 14. Have you taken part in military conflicts | Yes No(underline) |
| 15. Home address in the country of permanent residence | Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Town\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Building\_\_\_\_\_\_apartment\_\_\_\_\_Home telephone № (code)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 16. Address of your residence in Penza (also state your mobile phone number for safety communication) | Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Building\_\_\_\_\_\_ Apartment\_\_\_\_\_Mobile phone № \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 17. Your hobbies (sport, art, science etc.) |  |

**21. Information about your relatives.**

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| **Kinship (underline)** | **Full Name** | **Date (dd.mm.yyyy) and place of birth** | **Place of employment, position** | **Address of residence** |
| Father/stepfather | Surname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Organization’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Country \_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Building\_\_\_\_\_Apartment\_\_\_\_\_Telephone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mother/stepmother | Surname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Organization’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Country \_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Building\_\_\_\_\_Apartment\_\_\_\_\_Telephone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Brother/sister/son/daughter/wife/husband | Surname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Brother/sister/son/daughter/wife/husband | Surname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Brother/sister/son/daughter/wife/husband | Surname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

**Footnote:** all the changes of the information stated in the questionnaire should be reported timely (within a week) to the Office of International Education for corresponding amendments.

According to article 9 of the Federal law from 27.07.06 «On personal data» №152-152-FZ, I confirm my consent for my personal data to be processed for various purposes and affairs of FSGFE “Penza State University” (hereinafter referred to as the Operator) and its structural departments in accordance with the active legislation.

Personal data, confirmed to be processed, include as follows:

 - passport data;

- documents certifying education, qualification and special knowledge;

- home telephone number, mobile phone number, personal e-mail, information about relatives.

I authorize the Operator to perform all types of operations with my personal data, including, collection, systematization, accumulation, storage, update, change, usage, depersonalization, blocking, deletion.

The Operator has the right to process my personal information by uploading it into an electronic database, inserting it into lists (tables) and reports, provided for by the documents regulating submission of report data (documents) to the authorized bodies.

Personal data may be used for foreign student’s databank establishment.

Personal data storage period is 75 years.

I am aware of the responsibility for giving false information. I confirm my awareness of the right to revoke my consent by means of submitting a corresponding written document that I can mail to the Operator with a registered letter with a return receipt or hand it to the Operator’s representative with a receipt signature.

I confirm my being familiar with the Personal data protection regulations and the provisions of the Federal law from 27th July 2006 №152-FZ «On personal data»; rights and duties in the field of personal data safety have been clarified to me.

The present consent has been given by me on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) and is of permanent action.

Date «\_\_\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_г. Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_