**Questionnaire**

**Photo**

**for international graduates of Penza State University**

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| --- | --- |
| 1. Full Name*(in Russian)*  |  |
| 2. Full Name*(in English, as in passport)* |  |
| 3. Date and place of birth | Day\_\_\_\_\_\_\_\_ Month\_\_\_\_\_\_\_\_\_\_\_ Year\_\_\_\_\_\_\_\_\_Country\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City / town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4. Gender *(please underline)* | Male / Female  |
| 5. Citizenship / nationality |  |
| 6. Home address in the country of origin | Country\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City / town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Street / district \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Building no. \_\_\_\_\_\_ Apartment no. \_\_\_\_\_Home phone no. *(with code)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 7. Marital status *(please underline)* | single / married / divorced / widow or widower / married but living separately |
| 8. Faculty |  |
| 9. Group no. |  |
| 10. Degree programme  |  |
| 11. Degree obtained at PSU*(please underline)* | bachelor / specialist / master / postgraduate / trainee |
| 12. Mode of study | full-time / part-time |
| 13. Tuition financing*(please underline)* | budget / contract |
| 14. Date of admission to PSU and faculty of admission |  |
| 15. Date of university graduation*(month and year)* |  |
| 16. Were you transferred from another faculty, university, city?*(Yes / No)* If “Yes”, when and from where were you transferred *(full name of the university)*? |  |
| 17. Address and contact mobile number (for safety communication) | Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Building no.\_\_\_\_\_\_ Apartment no. / Room no. *(for the residence hall)* \_\_\_\_\_Mobile no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 18. Were you a member of student self-government? *(Yes / No)* If “Yes”, what self-government were you involved in and what was your position? |  |
| 19. Were you a group leader (starosta)? *(Yes / No)* |  |
| 20. Did you participate in scientific, cultural and social events?*(Yes / No)*If “Yes”, please list the events *(conferences, roundtable discussions, forums, education camps, inter-university competitions, etc.).* |  |
| 21. Did you participate in sports events?*(Yes / No)*If “Yes”, please list the events *(competitions, olympiads, etc.).* |  |
| 22. Did you receive awards, diplomas, certificates, letters of gratitude? *(Yes / No)* If “Yes”, please list them. |  |
| 23. Did you publish scientific papers?*(Yes / No)*If “Yes”, please list them. |  |
| 24. What country and company / organization / institution do you plan to get employed? |  |
| 25. Contact mobile no.E-mailSocial media accounts*(to contact you after graduation)* |  |

In accordance with the requirements of Article 9 of the Federal Law no. 152-152-FZ dated 27 July 2006 “On personal data”, I confirm my consent to processing my personal data for the purposes and affairs of Federal State Budgetary Educational Institution of Higher Education “Penza State University” (hereinafter referred to as the Operator) and its structural departments in accordance with the current legislation.

Personal data subject to consent to be processed include:

 - passport details;

- documents certifying education, qualification and special knowledge;

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

I authorize the Operator to carry out all actions (operations) with my personal data, including collecting, systematising, accumulating, storing, updating, modifying, using, depersonalising, blocking, deleting.

I authorize the Operator to process my personal data by entering them into an electronic database, including them in lists (registers) and reporting forms provided for by the documents regulating the provision of reporting data (documents), and to transfer them to authorized bodies.

Personal data can also be used to create a database of international students.

The period of storing personal data is seventy-five years.

I confirm my awareness of the responsibility for the accuracy of the provided data. I confirm my awareness of the right to withhold my consent by submitting an appropriate written document that I can mail to the Operator with a registered letter with a return receipt or deliver personally to the representative of the Operator with a receipt signature.

I confirm that I am familiar with the regulations on the protection of personal data and the Federal Law no. 152-152-FZ dated 27 July 2006 “On personal data”. I confirm that I read and understood the rights and obligations in the field of personal data protection.

The present consent is valid indefinitely.

Date “\_\_\_” \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_ Full name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_