

INVITATION BY AN EDUCATIONAL INSTITUTION OR A STUDENT ORGANISATION *Shall be completed by an educational institution or a student organisation when an alien settles to study or continues his or her studies in Estonia.*

APPLICANT'S PERSONAL DATA

Given name or names	Surname or names	Estonian personal code or date of birth <i>(dd/mm/yyyy)</i>
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DATA ABOUT THE SPONSOR

Name of the educational institution or student organisation	Register code
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THE DATA CONCERNING THE STUDY

The basis for application for residence permit for study

- for study in a basic school, gymnasium or vocational educational institution, or, on the basis of the state-recognised higher education curriculum, in a vocational educational institution, an institution of applied higher education or a university
- for participation in a traineeship at a state-recognised basic school or gymnasium for pedagogical or other purposes
- for participation in foundation courses
- for participation in traineeship intermediated by a state-recognised institution or vocational education institution or applied higher education institution or university or an international student organisation
- for voluntary service within the framework of a youth project or program recognised by the Ministry of Education and Research
- for study in an educational institution established on the basis of a treaty

Code of the curriculum and name of the particular curriculum, course or traineeship the alien shall commence his or her studies in

Level of study

- Bachelor's study Master's study Doctoral study other

Beginning of the studies/traineeship <i>(dd/mm/yyyy)</i>	End of the studies/traineeship <i>(dd/mm/yyyy)</i>	Desirable beginning of the residence permit <i>(dd/mm/yyyy)</i>
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Language of instruction and the minimum requirements set for language of instruction

Name of the scholarship which is financed by the Estonian state or internationally recognized, a treaty or international cooperation agreement of an educational institution or an international program of cooperation, in the framework of which the alien commences his or her Bachelor's studies in Estonia

CONTACT PERSON OF THE EDUCATIONAL INSTITUTION OR STUDENT ORGANISATION

Given name or names	Surname or names
E-mail	Phone number

All the data submitted is correct. I am aware that the submission of incorrect data is punishable.
 I confirm that the alien shall commence full-time studies.
 I confirm that the alien's proficiency in language of instruction is sufficient for commencing studies according to the curriculum of higher education.
 I confirm that the educational institution, with whom the international cooperation agreement has been entered into, is conducting studies in higher educational level, which is recognised by the competent authority of its host country as a part of its higher educational system.

Date <i>(dd/mm/yyyy)</i>	Name and signature of the representative of the educational institution/student organisation
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SHALL BE COMPLETED BY AN OFFICIAL

Accepted for procedure <i>(dd/mm/yyyy)</i>	Name, signature
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