

CHARLES UNIVERSITY, PRAGUE
2nd Faculty of Medicine
The Dean's office

V Úvalu 84, 150 06 Praha 5
Czech Republic



Tel.: +420 604 720 327
Fax: +420 226 083 511
E-mail: info@medicaleducation.cz

APPLICATION FORM FOR ADMISSION

(Curriculum in English)

PERSONAL DATE (*Fill in block letters*)

First name(s):	Surname:
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Citizenship:	Native Language:
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Place of Birth:	City:	Country:
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Passport Holder:	No:	Country:
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Date of birth (day, month, year):

Sex (Male/Female):	Marital status (single, married, divorced or other):
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Current Mailing Address

Street:	House No.:
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Postal Code:	City or Township:	Country:
Tel:	Fax:	E-mail:

Permanent Address (if different)

Street:	House No.:
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Postal Code:	City or Township:	Country:
Tel:	Fax:	E-mail:

Educational Report

Origin of Secondary Education Certificate		
Name of School:		
Place of Issue:	City:	Country:
Date of Issue:	Reg. No. of Certificate:	

Are you interested in University Housing? (Note that the capacity is limited)	
YES	NO

I apply through an agency	YES	NO
If through the agency, state the name and address: Medical Education CZ, Praha, Czech Republic		

I prefer to take the entrance exam on (choose one date)	19 July 2007, Prague	YES	NO
	12 September 2007, Prague	YES	NO

The application for study will be taken into consideration only after receiving the following documents:

- Completed Application Form;
- Verified photocopies of the General Certificate of Secondary Education (High-School Education), including Candidate Statement of Provisional Result or the equivalent verified documents (in English);
 - Brief curriculum vitae.

The documents should be attached to the present Application Form.

Statement

I, herewith, certify that the information given herein is true to the best of my knowledge. In submitting this Application Form I indicate my willingness to accept the tuition system of the 2nd Faculty of Medicine and recognise that I will be subject to the rules and regulations of Charles University in Prague.

Date.....

Signature of Applicant.....