



CHARLES UNIVERSITY IN PRAGUE
FACULTY OF MEDICINE IN HRADEC KRÁLOVÉ
Czech Republic

APPLICATION FORM for ADMISSION

Personal data	
Family name:	First name:
Date of birth (day, month, year):	
Place of birth (town):	Country:
Citizenship (passport of):	Passport number:
Country of residency at present:	
Native language:	
Sex:	Marital status:
Present mailing address:	
Permanent address:	
E-mail address:	
Telephone number:	Fax number:
I wish to study in English:	General Medicine
	Dentistry

EDUCATIONAL REPORT

Origin of the secondary school certificate	
Name of the school:	Country:
Final secondary school certificate obtained (year):	

Are you coming as a client of any agency?	YES	NO
If yes, give us the name of the agency, please! - Medical Education CZ		

To consider you as an applicant to our Faculty of Medicine in Hradec Králové you have to provide us with at least this application form. **Further necessary enclosures must be provided in case of a successful admission** by the middle of September at the latest.

The enclosures are:

- Secondary school certificates (**study reports from each study year, list of subjects with number of lessons, leaving certificate, A-Levels, etc.**).
Official validation could be done by either Czech Embassy or Ministry of Education of the country you studied in.
(Do not provide originals but copies officially verified by a solicitor, barrister or notary public - verification by school principles is not acceptable!)
- Certificate of health status – see the **Medical report form** on our web page
- Curriculum vitae (not necessary)

All non-English documents have to be provided together with the officially verified English or Czech translation (done by a translator)!

Statement

I certify that the information given here in is true to the best of my knowledge.

Date:.....

Signature:.....