

Centre of Studies in English, Lidická 1, 301 66 PLZEN

Tel.: +420 377593175, Fax: +420-377259278

E-mail: medstudy@lfp.cuni.cz

APPLICATION FORM

ACADEMIC YEAR 2010/2011

course: *General Medicine/Dentistry*

(Mark as appropriate)

Last name:

First name:

Middle name:

Date of Birth:

Place of Birth:

town / state

Passport No:

Valid until:

Nationality:

Gender:

Male / Female

Permanent address (or address of your sponsor):

Tel.:

Fax:

E-mail:

@

PREVIOUS EDUCATION

Name and address of your secondary school:
.....
.....

Duration of study:

Type of Certificate:

A - LEVELS (or equivalent)

<i>Subject:</i>	<i>Mark:</i>
.....
.....
.....
.....
.....

OTHER PREVIOUS EDUCATION OR PRACTICE (IF ANY)

.....
.....
.....
.....

I PREFER TO PASS MY ADMISSION EXAM:

In Pilsen: YES - NO
Organised by the agency: YES - NO

Signed: *Date:*