



Application Form Charles University in Prague: 1st Faculty of Medicine

Surname:				
Forename(s):				
				Please insert
Date of Birth (DD/MM/YYYY): Ge		nder:		a passport size
				photograph
Place & Country of birth (as on passport):				
Nationality: MEI		DICINE		
		ITISTRY		
Passport No.:	t No.: Issued By		Expiration Date:	
Permanent address:		Postal address (if different):		
Postcode: Postcode:				
Contact telephone number(s):				
e-mail address:				
Who will be sponsoring your studies? (e.g.	g. parents,	self)		

Section 2: Higher Education						
From the options below, choose the one that best describes your current status:						
Current High School Student		Current University Student				
Gap Year Student		University Graduate				
	Faullations	Constituents a Outle				
	For University	Graduates Only				
University Attended						
Faculty						
Study Programme						
Year of most recent gradu	uation					
School/College/6th form attended						
School Graduation Year						
Country of School (e.g. U	K)					
Town/City of School						
Name of School						
	<u> </u>					
Educational qualifications (including those currently sitting)						
School educational qualifications (most recent first)						
Qualification (e.g. A-level)	Subjec	ct	Grade	Year Awarded		

Educational qualifications (including those currently sitting)					
School educational qualifications (most recent first)					
Qualification (e.g. A-level)	Subject	Grade	Year Awarded		

Additional documentation required:

- 2 x passport photos
- Copies of all education certificates
- Personal statement (max 500 words)
- Copy of personal details page of passport
- Curriculum Vitae

Payment:

• Exam fee £180 (including VAT)

Notes:

I hereby certify that the information given on this form is complete, accurate and correct. I understand that any inaccurate information may invalidate my application.

I undertake that, if I am admitted to the Charles University in Prague I will follow the Study and Examination Code of the Charles University in Prague during my studies.

I acknowledge that the Dean reserves the right to terminate the course of study at the Charles University in Prague of any student who is shown to have falsified data, or to have presented false data, or otherwise to have misrepresented his or her academic credentials or performance, during his or her application for admission to the Faculty.

I understand that admission to the university is governed by Charles University in Prague and that Medical Doorway Limited cannot be held responsible for any losses as a result of not being selected for entry by the university. Medical Doorway Limited will only share your details with Charles University in Prague and will not pass your details onto any other party without your explicit written consent.

At no point will Medical Doorway Limited request payment for advice or application management.

The student and/or their sponsor will be responsible for paying the following disbursements (costs we pay on your behalf) of the following:

- DHL courier of completed application to Charles University in Prague
- Legalisation of all documents required by the university

Please note: Examination fee is non-refundable

Signature:	Date:



