



Medical
Doorway

Application Form

Masaryk University

Surname:	
Forename(s):	
Date of Birth (DD/MM/YYYY):	Gender:
Place & Country of birth (as on passport):	
Nationality:	MEDICINE DENTISTRY PHYSIOTHERAPY



Passport No.:	Issued By:	Expiration Date:
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Permanent address:	Postal address (if different):
Postcode:	Postcode:
Contact telephone number(s):	
e-mail address:	
Who will be sponsoring your studies? (e.g. parents, self)	

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 £75 (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 Masaryk University I will follow the Study and Examination Code of the Masaryk University during my studies.

I acknowledge that the Dean reserves the right to terminate the course of study at the Masaryk University 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 Masaryk University 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 Masaryk University 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 Masaryk University
- Legalisation of all documents required by the university

Please note: Examination fee is non-refundable

Signature:	Date:
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