



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!		

Our Faculty of Medicine in Hradec Králové will consider your application only upon the receipt of this application form **and further enclosures**.

**The necessary enclosures to the application 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 herein is true to the best of my knowledge.

Date:.....

Signature:.....

**Charles University in Prague, Faculty of Medicine in Hradec Králové**  
**P. O. Box 38, Šimkova 870, 500 38 Hradec Králové 1**

**Czech Republic**

**HTTP://WWW.LFHK.CUNI.CZ**

**Prof. Miroslav Kuba, M.D., Ph.D.**

**Vice-Dean for Study Programs in English**

**tel: +420 495 816 191**

**Miss Zuzana Tichá & Mrs. Vendula Vrabcová**

**Study Division**

**tel: +420 495 816 487**

**fax: +420 495 513 597**

**E-mail: STUDENTS@LFHK.CUNI.CZ**