**CHARLES UNIVERSITY**

**FACULTY OF MEDICINE IN PILSEN**

**Application Form for Visiting Students**

**I hereby apply to enrol as a visiting student/researcher at Charles University, Faculty of Medicine in Pilsen in academic year 20\_\_/20\_\_.**

**1) Personal Details**

|  |  |
| --- | --- |
| First name: | |
| Surname (Family Name): | |
| Gender: female  male | Nationality: |
| Date of birth:  *(YYYY / MM / DD)* | Place of Birth: |
| Passport number: | |
| Permanent address | |
| Street / House No.: | |
| City: | |
| Post code (zip code): | |
| Country: | |
| Address for correspondence (if different from above) | |
| Street / House No.: | |
| City: | |
| Post code (zip code): | |
| Country: | |
| Telephone: | |
| E-mail: | |

**2) Intended Period of Study**

Autumn Semester (Sep – Feb)

Spring Semester (Feb – Jun)

Whole Academic Year (Sep – Jun)

From (dd/mm/yyyy) to (dd/mm/yyyy)

**3)** **Area of Studies (Major)**

**I am interested in enrolling in the following subject area (major***).*

|  |  |
| --- | --- |
| Preferred major |  |
| What year of study are you in? |  |

**4) Language Proficiency**

*Please indicate which languages you speak and your level of proficiency.*

|  |  |
| --- | --- |
|  |  |
|  |  |

**5) Emergency Contact Person**

|  |
| --- |
| First name: |
| Surname (Family Name): |
| Relationship: |
| E-mail address: |
| Telephone (incl. International Dialling Code): |
| Contact address |
| Street / House No.: |
| City: |
| Post code (zip code): |
| Country: |

**6) Accommodation**

Would you like to apply for accommodation in the student dormitory of Charles University?

Yes  No

**7)** **Checklist**

*Please enclose the following supplementary documents:*

|  |  |
| --- | --- |
| CV (resume) |  |
| Transcript of records from previous studies and copies of any relevant diplomas |  |
| Brief statement of academic interests (max. 1 page) |  |
| Letter of recommendation (optional) |  |

**Declaration**

I herewith apply to be admitted at the Faculty of Medicine in Pilsen as a non-degree student for the time period indicated above. I am aware of the fact that this admission to the Faculty of Medicine in Pilsen, Charles University does not entitle me to take or complete a full university degree.

I confirm that all the information provided in this form is complete and true.

By signing this document I grant my consent for Charles University, registered office at Ovocný trh 560/5, 116 36 Prague 1, ID no.: 00216208 ("CU"), which is the administrator of the personal data of all faculties and subdivisions of CU, to process my personal data to the extent stated in my visiting student application (first name, surname, date and place of birth, passport or ID card number and validity, permanent address, address for correspondence, telephone, e-mail), personal data of the emergency contact person and student exchange coordinator at my home university to the extent stated in the application, as well as my personal data in other documents required for the purposes of student mobility at all stages of the process (preparatory phase, selection procedure, stay at CU and subsequent outputs), in accordance with Act No. 101/2000 Coll., on the protection of personal data and amending certain acts, as amended, and in accordance with all directly applicable European Union legislation. I consent to the storage of the aforementioned personal data in electronic and printed form for the needs of Charles University for a period of 10 years. I grant this consent based on my own and free will, I acknowledge that I can anytime revoke this consent.

I can withdraw the consent via e-mail sent to the following e-mail address: [gdpr@cuni.cz](mailto:gdpr@cuni.cz) or in person in the seat of the data controller.

I also have the following rights:

\* To require information on what personal data is processed about me,

\* To require correction of false or outdated personal data,

\* To require my personal data not to be processed till the legitimacy of the two above mentioned points has been settled,

\* To require that my personal data will be transferred to another data controller,

\* To file a complaint to the supervisory authority.

If I make any inquiry or if I exercise my rights I can contact the Data Protection Officer (DPO) on the following e-mail address: [gdpr@cuni.cz](mailto:gdpr@cuni.cz).

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**International Coordinator at Home University**

|  |  |
| --- | --- |
| Last name: | First name: |
| Position: | Email: |
| Office/Department: | |
| Address: | **Stamp and signature:** |

|  |
| --- |
| **SEND YOUR APPLICATION TO:**  [**internationaloffice@lfp.cuni.cz**](mailto:internationaloffice@lfp.cuni.cz)**, or**  **Charles University, Faculty of Medicine in Pilsen**  **Department of International Relations**  **Alej Svobody 76**  **323 00 Plzeň, Czech Republic** |

**Receiving Institution (Faculty of Medicine in Pilsen, Charles University):**

We hereby acknowledge receipt of the application. The above mentioned student is:

Provisionally accepted at our institution for the period:   
The official letter of acceptance will follow.

Not accepted at our institution.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Stamp and signature: