



APPLICATION FORM

for study in the English Master`s Degree Programme

“Pharmacy” at the **Faculty of Pharmacy**

of the University of Veterinary and Pharmaceutical Sciences Brno

from the academic year **2018 / 2019**

FILL IN CAPITAL LETTERS, TYPEWRITER OR PC

Applicant`s data	
First name(s):	
Family name:	Sex:
Maiden name:	Marital status:
Academic degree:	Nationality:

Birth data	Day																		ID number:
	Month																		Passport number:
	Year																		
	Place of birth (Town):																		
	Municipality/District:																		
	Country:																		

Applicant`s permanent address	Street / number:																		
	Part of town:																		
	Town:																		
	Municipality/District:																		
	Postal code																		State:
	e-mail:																		
	Phone 1:									Phone 2:									

Applicant`s temporary address	Street / number:																	
	Part of town:																	
	Town:																	
	Municipality/District:																	
	Postal code																	

Applicant enters after:

- secondary school
 specialized sec. school
 university
 employment
 home
 military service

Applicant`s secondary education details	Name of secondary school:	
	Address:	
	Field (of study):	Code:
	Field (of study):	Code:
	Identification number of sec. school:	Year of leaving examination:

Employment history		
Employer	Position	From - till

Previous studies at a University (1)		
State:	Town:	
University name:		
Faculty:		
Study programme:		
Field of study:		
Started:	Finished:	Academic degree:
Previous studies at a University (2)		
State:	Town:	
University name:		
Faculty:		
Study programme:		
Field of study:		
Started:	Started:	Started:

Doctor`s stamp and reference on applicant`s eligibility for studies	
Date:	Doctor`s signature:

I am applying for study in the English Master's degree programme "Pharmacy" at the Faculty of Pharmacy, UVPS Brno:*

on my own*

by help of a recruiting company*

Name of the company:

Name of a contact person:

e-mail (or phone) of the contact person:

referred by a student of the Faculty of Pharmacy, UVPS Brno*

Name of the student:

Personal number of the student:

e-mail of the student:

referred by an employee of the Faculty of Pharmacy, UVPS Brno*

Name of the employee:

Department:

e-mail of the employee:

* choose appropriate answer and enter details

This is to declare that all stated data are true and I have not withheld any important facts.

Date:

Applicant's signature:

RECORD OF THE ADMISSION PROCEDURE (internal)

Admission examination	
Date:	Form:
Evaluation:	
Chemistry:	points
Biology:	points
Total:	points
Succeeded (Y/N):	
Date:	Signature of Vice-Dean: PharmDr. Jan Šaloun, Ph.D.