

APPLICATION FORM

for study in the **PhD Study Programme**
(in English) 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

Ph.D. Study Programme: PHARMACY
Field of study (mark with a cross): <input type="checkbox"/> Pharmaceutical Chemistry <input type="checkbox"/> Pharmacognosy <input type="checkbox"/> Pharmaceutical Technology
Form of study: <input type="checkbox"/> Full-time <input type="checkbox"/> Combined
Expected dissertation topic:
Proposed supervisor:

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:																	

Permanent address of applicant	Street / number:																		
	Part of town:																		
	Town:																		
	Municipality/District:																		
	Postal code										State:								
	e-mail:																		
	Phone 1:									Phone 2:									

Temporary address of applicant	Street / number:									
	Part of town:									
	Town:									
	Municipality/District:									
	Postal code									

Highest completed education:	
Achieved university degree:	

Name and address of the completed University/Faculty:		
State:	Town:	
University name:		
Faculty:		
Study programme:		
Field of study:		
Thesis topic:		
Started:	Finished:	Academic degree:
Other information (if needed):		

Language skills:

Employment history		
Employer	Position	From - till

Scientific experience and results:

Published articles:

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*

I declare that all stated data are true and I have not withheld any important facts. I agree with the use of the above personal data for purposes of academic records.

Date:

Applicant's signature:

Attachments:

- 1. Master degree diploma and Diploma supplement** (if obtained in the Czech Republic or Slovak Republic) or **Certificate of Validation of Master degree obtained abroad issued by the University in the Czech Republic** (if obtained abroad)
- 2. CV in English**
- 3. List of publications + Their copies**
- 4. Others**