



FACULTY OF PHARMACY

UNIVERSITY OF VETERINARY AND PHARMACEUTICAL SCIENCES

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APPLICATION

Name and surname of student:	
Personal number:	
Date of birth:	

Application:

Reason of application:

Date:

Student's signature:

Decision of the Vice-Dean:

- I recommend the application
 I do not recommend the application

Date:

Signature:

PharmDr. Ambrus Tünde, Ph.D.
Vice-Dean

Decision of the Dean:

- I agree with the application
 I disagree with the application

Date:

Signature:

Doc. PharmDr. Ing. Radka Opatřilová, Ph.D., MBA
Dean of the Faculty