## Application form

## (Institutional plan for supporting international students mobility)

Second Faculty of Medicine, Charles University

V Úvalu 84, 150 06 Praha 5

|  |
| --- |
| Informationa about applicant  |
| **Name and Surname:** |  |
| **Date of Birth:** |  |
| **Adress:** |  |
|  |  |
| **Cell phone:** |  |
| **e-mail:**  |  |
| **Study year:** |  | **Study group:** |  |
| Information about receiving organization |
| **Type of planned placement abroad** - type of placement (bilateral agreements of the faculty, inter-university agreements, students with the status of "Free movers", European program and others) |
| **Type of internship:** |  |
| **Name of organization:** |  |
| **Adress:** |  |
| **City:** |  | **State:**  |  |
| **Term of stay:** | from: |  | to: |  |
| **Applied for Mobility Fund**: YES / NO (if not - why not requested)**Expected contribution of the internship abroad:**(briefly stated the purpose of the stay abroad, study plan or intention) |
| Amount of requested financial contribution: |  |  |
| By signing below, the student confirms that the information provided is true. |
| **Date of application:** |   | **Signature of student:** |  |
| INFORMATION ON THE ALLOCATION OF THE FINANCIAL CONTRIBUTION |
| **Financial contribution allocated:** |  | **Unassigned:** |  |
| **Amount of financial contribution:** |  |
| **Application processing date:** |  | **Vice-Dean's signature:** |  |

Attachment:
1) Acceptance letter - original (not enough in e-mail form)
2) Declaration