## 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