# Charles University

# Second Faculty of Medicine Academic year: 2022/2023

**Type of study:** doctoral **Application ID:**

**Study programme:**   **Person number**:

**Form of studies:**full-time / part-time **Ref. No.:**

**Teaching language:** Czech – English

**Student's enrolment certificate**

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| **Last name:** **First name:** **Title:** **Last name at birth:**  **Birth number in CR:**  **Birth number in SR:**  **Marital status:**   |
| **Date of birth:**  **Place of birth:**  **Gender:** **Nationality:**  |
| **Permanent residence:**Street and house No.: Municipality: ZIP:  |
| **Correspondence address:**Street and house No.: (and/or dormitory) Municipality:ZIP: Phone: E-mail:  |
| **Account number:**  |
| I hereby declare that:* I am aware that upon this enrolment I am becoming the student of the Second Faculty of Medicine, Charles University in accordance with clause 61 par. 1 of act No. 111/1998 coll. on universities, as later amended;
* I am aware of my student's obligations in accordance with clause 63 par. 2 of the universities act to comply with the internal regulations of Charles University and the Second Faculty of Medicine. I can study them at [https://www.cuni.cz/UK-104.html.](https://www.cuni.cz/UK-104.html)
* All information I stated is true and I did not conceal any important information. I am aware of all consequences arising from my failure to state information or from stating untrue information (particularly with respect to clause 63 par. 3 letter b) and par. 4 of the universities act).
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Enrolment date: Stamp:

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Student's signature