#

# University of Split

**School of Medicine**

# Office for science, postgraduate studies

# and continuing medical education

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# Enrollment Application:

I would like to apply for the doctoral program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at the University of Split, School of Medicine in the academic year 2016/2017.

PLEASE FILL OUT IN CAPITAL LETTERS

|  |  |
| --- | --- |
| Name |  |
| Surname |  |
| Date and year of birth |  |
| Sex / Gender | F M  |

|  |  |
| --- | --- |
| City, Postcode |  |
| Address  |  |
| E-mail |  |
| Mobile phone  |  |
| Landline phone |  |

|  |  |
| --- | --- |
| Institution of Employment |  |
| Department |  |
| Address |  |
| City, Postcode |  |
| Phone/Fax |  |

|  |  |
| --- | --- |
| Occupation |  |
| University you graduated from (list all if more applies) |  |
| Grade point average |  |
| Year of graduation |  |
| Completed postgraduate studies (indicate type - academic or professional; specialty and duration) |  |
| Number of published papers indexed in Current Contents ("Thomson Reuters") |  |
| Number of published papers indexed in Web of Science ("Thomson Reuters") |  |

Official communication should be sent to (circle): **home address**  or **work address**

If accepted, my tuition fee will be paid (circle): **personally** or **by** \_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Date:

##  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (signature)