

APPLICATION FORM

Please mark for which category you apply:

CATEGORY 1

(students attend all 6 years of the Program at USSM and its collaborative teaching organizations in Republic of Croatia)

CATEGORY 2

(students attend first 3 years of the Program at USSM and its collaborative teaching organizations in Republic of Croatia. Courses of the 4th, 5th and 6th year of the Program will be organized and attended at USSM collaborative teaching organization in Federal Republic of Germany: REGIOMED KLINIKEN in accordance to their ability.)

***** It is not possible to apply to both categories**

PERSONAL INFORMATION	
Title	
Name	
Surname	
Date of birth	
Country of birth	
Nationality/Citizenship	
Sex Male/Female	
Father - surname, first name, permanent address, year of birth, occupation, nationality, citizenship:	
Mother – surname, first name, permanent address, year of birth, occupation, nationality, citizenship:	
Passport number	

CONTACT INFORMATION	
Mobile phone	
SKYPE address	
E-mail address <i>*Note: It is crucial that you provide us with a functional e-mail address since all urgent information regarding enrollment will be sent via e-mail. You might provide more than one e-mail address.</i>	
Phone number	
Postal address	
Street name and number	
ZIP code	
City	
State	

EDUCATIONAL HISTORY	Name of the institution	SCORE / GRADE			Year of completion
		Please indicate your test score or GPA grade			
Completed university education (circle): <ul style="list-style-type: none"> • Undergraduate • Graduate 					
MCAT - Medical College Admission Test					
SAT Reasoning Test or ACT - American College Testing					
Completed secondary education		Chemistry	Biology	Physics	
State graduation result					

DECLARATIONS

- I hereby declare under penal and material responsibility that I am psychophysically fit for attending the course of medical studies at the University of Split School of Medicine and that I have no history of mental illnesses or conditions that might impair my normal functioning as a student or medical doctor.
- I have following special conditions:

_____ (please list them here and provide adequate documentation)
Note: such listing will not negatively impact your application, but is necessary for organizational purposes!
- I hereby declare that I have financial capacity to cover tuition fee and other expenses during studying period
- I certify that the information submitted in these application materials is complete and accurate to the best of my knowledge.

SIGNATURE: _____ **DATE:** _____

Notes:

Any false or misleading information supplied by an applicant will be grounds for withdrawing any acceptance issued or future dismissal from the University of Split School of Medicine.

USSM has right to verify submitted documents

All applications must be sent by email and regular post (or delivery service) or submitted in person in USSM central office at latest on June 20th 2018.

CHECKLIST OF REQUIRED DOCUMENTS

MANDATORY DOCUMENTS	✓
1. CV	
2. BIRTH CERTIFICATE	
3. PASSPORT PHOTOCOPY	
4. MOTIVATION LETTER	
5. DEGREE CERTIFICATE (University level or high school level)	
6. GRADE TRANSCRIPTS (University level or high school level)	
7. PROOF OF APPLICATION FEE PAYMENT	
ADDITIONAL DOCUMENTS (if applicable)	
1. PROOF OF KNOWLEDGE OF ENGLISH LANGUAGE (TOEFL/IELTS/CAE)	
2. MCAT/SAT RESULTS	
3. RECOMMENDATION LETTERS	