**APPLICATION FORM**

**Select the category you are applying for (it is not possible to apply for both categories):**

**CATEGORY 1**

(Attending all six years of the Program at the USSM and its collaborative teaching organizations in the Republic of Croatia)

**CATEGORY 2**

(Attending first three years of the Program at the USSM and its collaborative teaching organizations in the Republic of Croatia; and attending courses of the last three years of the Program at USSM collaborative teaching organization at the SANA (former REGIOMED) KLINIKEN in the Federal Republic of Germany)

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| --- | --- | --- | --- | --- | --- |
| **Personal information** | | | | | |
| **Name** | | Click or tap here to enter text. | | | |
| **Surname** | | Click or tap here to enter text. | | | |
| **Date of birth** | | Click or tap here to enter text. | | | |
| **Country of birth** | | Click or tap here to enter text. | | | |
| **Contact information** | | | | | |
| **Mobile phone** | | | Click or tap here to enter text. | | |
| **E-mail address** | | | Click or tap here to enter text. | | |
| **Postal address** | | | Click or tap here to enter text. | | |
| **English language knowledge** | **Name of the test** | | | **Score** | **Year taken** |
| English test (TOEFL, IELTS, CAE or other) | Click or tap here to enter text. | | | Click or tap here to enter text. | Click or tap here to enter text. |
| I am applying without an English language test and would like my previous education to be considered as proof of my English language. | | | | | |
| English is my first language (no English test needed) | | | | | |

**DECLARATIONS**

* I hereby declare under penal and material responsibility that I am mentally and physically fit to attend the 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 (if applicable)\*:

Click or tap here to enter text.

\*Please list any conditions above and enclose adequate documentation with your application. This will not affect your application, but is necessary for organizational purposes)

* I hereby declare that I have the financial capacity to cover the tuition fee and other expenses during the studies.
* I confirm that the information submitted in the application are complete and accurate.

**SIGNATURE:** Click or tap here to enter text.

**DATE:** Click or tap here to enter text.

If the University of Split School of Medicine (USSM) discovers that you made a false statement or omitted significant information in your application, it may withdraw its offer or terminate your application. The USSM has the right to check and verify the submitted documents

The information provided by the candidate will be electronically stored and used for administrative purposes by the University of Split School of Medicine in accordance with the provisions of the General Data Protection Regulation (EU) 216/679 (GDPR) of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data.

**CHECKLIST OF REQUIRED DOCUMENTS**

|  |  |
| --- | --- |
| **MANDATORY DOCUMENTS** | Please check the box |
| 1. **CV (WITH PHOTO)** |  |
| 1. **BIRTH CERTIFICATE** |  |
| 1. **PASSPORT OR ID CARD PHOTOCOPY** |  |
| 1. **MOTIVATION LETTER** |  |
| 1. **DEGREE CERTIFICATES (secondary school)** |  |
| 1. **PROOF OF APPLICATION FEE PAYMENT** |  |
| **ADDITIONAL DOCUMENTS (if applicable)** |  |
| 1. **TRANSCRIPT OF RECORDS (completed university)** |  |
| 1. **PROOF OF KNOWLEDGE OF ENGLISH LANGUAGE (TOEFL/IELST/CAE)** |  |
| 1. **RECCOMENDATION LETTERS** |  |
| 1. **OTHER** |  |