**APPLICATION FORM**

**Please indicate the category you are applying for\*:**

**CATEGORY 1**

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

***OR***

**CATEGORY 2**

*(attending first 3 years of the Program at the USSM and its collaborative teaching organizations in the Republic of Croatia; and attending courses of the 4th, 5th and 6th year of the Program at USSM collaborative teaching organization at the REGIOMED-KLINIKEN in the Federal Republic of Germany in accordance to their possibilities.)*

**\*IMPORTANT: It is not possible to apply for both categories**

|  |  |
| --- | --- |
| **Personal information** | |
| **Title** | Click or tap here to enter text. |
| **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. |
| **Nationality** | Click or tap here to enter text. |
| **Citizenship (if dual, please specify both)** | Click or tap here to enter text. |
| **Sex** Male/Female | Click or tap here to enter text. |
| **Father -** surname, first name, permanent address, year of birth, occupation, nationality, citizenship | Click or tap here to enter text. |
| **Mother** – surname, first name, permanent address, year of birth, occupation, nationality, citizenship | Click or tap here to enter text. |
| **Passport number** | Click or tap here to enter text. |

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| **Contact information** | |
| **Mobile phone** | Click or tap here to enter text. |
| **SKYPE address** | Click or tap here to enter text. |
| **E-mail address**  *\*Note: It is crucial that you provide us with a valid e-mail address since all urgent information regarding enrolment will be sent via e-mail. You can provide more than one e-mail address.* | Click or tap here to enter text. |
| **Phone number** | Click or tap here to enter text. |
| **Postal address** | Click or tap here to enter text. |
| **Street name and number** | Click or tap here to enter text. |
| **ZIP code** | Click or tap here to enter text. |
| **City** | Click or tap here to enter text. |
| **State** | Click or tap here to enter text. |

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| **Previous education** | | | |
| **Secondary school education** | **Name of the institution** | **Grade** | **Year of completion** |
|  | Click or tap here to enter text. | **Chemistry:**Click or tap here to enter text. | Click or tap here to enter text. |
| **Biology:**Click or tap here to enter text. |
| **Physics:**Click or tap here to enter text. |
| **Final exam result:**Click or tap here to enter text. |
| **Additional education** | **Name of the institution** | **GPA grade** | **Year of completion** |
| Undergraduate university education | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Graduate university education | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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| **Additional tests** | **Name of the test** | **Score** | **Year taken** |
|  | MCAT-Medical College Admission Test | Click or tap here to enter text. | Click or tap here to enter text. |
|  | SAT Reasoning Test | Click or tap here to enter text. | Click or tap here to enter text. |
|  | ACT-American College Testing | Click or tap here to enter text. | Click or tap here to enter text. |
| **Additional tests** | **Name of the test (TOEFL, IELTS, CAE or other)** | **Score** | **Year taken** |
| English test | 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) | | | |

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| **Work experience** | | |
| **Name of the institution** | **Position** | **Working period** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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**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:

Click or tap here to enter text.

(please list them above and enclose adequate documentation with your application)

**Note:** this will in no way impact 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 to the best of my knowledge.

**SIGNATURE:**

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

**Notes:**

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

USSM has the right to verify the submitted documents

**All applications must be sent by email and regular post (or courier service) or submitted in person to the USSM central office by 21st June 2019 at latest.**

**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. **MCAT/SAT/ATS RESULTS** |  |
| 1. **RECCOMENDATION LETTERS** |  |