

## **APPLICATION FORM**

Please indicate the category yo	u are applying for*:
☐ CATEGORY 1 (attending all 6 years of the Pro Republic of Croatia)	ogram at the USSM and its collaborative teaching organizations in the
OR	
Republic of Croatia; and attention collaborative teaching organizatin accordance to their possibiliti	ogram at the USSM and its collaborative teaching organizations in the ading courses of the 4 <sup>th</sup> , 5 <sup>th</sup> and 6 <sup>th</sup> year of the Program at USSM tion at the REGIOMED-KLINIKEN in the Federal Republic of Germany ies.)  ble to apply for both categories
	Personal information
Title	
Name	
Surname	
Date of birth	
Country of birth	
Nationality	
Citizenship (if dual, please	

Citizenship (if dual, please specify both)

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  *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.		
Phone number		
Postal address		
Street name and number		
ZIP code		
City		
State		

Previous education				
Secondary school education	Name of the institution Grade		Year of completion	
		Chemistry:		
		Biology:	1	
		Physics:	-	
		Final exam result:	-	
Additional education	Name of the institution	GPA grade	Year of completion	
Undergraduate university education				
Graduate university education				



Additional tests	Name of the test	Score	Year taken
	MCAT-Medical College		
	Admission Test		
	SAT Reasoning Test		
	ACT-American College Testing		
Additional tests	Name of the test (TOEFL, IELTS, CAE or other)	Score	Year taken
English test			
☐ 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)			

Work experience			
Name of the institution	Position	Working period	



## **DECLARATIONS**

•	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:

(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:			

## **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)	
2. BIRTH CERTIFICATE	
3. PASSPORT OR ID CARD PHOTOCOPY	
4. MOTIVATION LETTER	
5. DEGREE CERTIFICATES (secondary school)	
6. PROOF OF APPLICATION FEE PAYMENT	
ADDITIONAL DOCUMENTS (if applicable)	
1. TRANSCRIPT OF RECORDS (completed university)	
2. PROOF OF KNOWLEDGE OF ENGLISH LANGUAGE (TOEFL/IELST/CAE)	
3. MCAT/SAT/ATS RESULTS	
4. RECCOMENDATION LETTERS	