



UNIVERSITY OF SPLIT SCHOOL OF MEDICINE

APPLICATION FORM

I am applying for (mark type of mobility):

- **STUDY MOBILITY** (encircle) Winter semester
Spring semester

- **TRAINEESHIP:** from _____ to _____

PERSONAL INFORMATION	
Title	
Name	
Surname	
Date of birth	
Country of birth	
Nationality/Citizenship	
Sex: Male/Female	

CONTACT INFORMATION	
Mobile phone:	
E-mail address	
Postal address	
Street name and number	
ZIP code	
City	
State	



UNIVERSITY OF SPLIT SCHOOL OF MEDICINE

✓ Fill in if you apply for traineeship

DEPARTMENT	Number of weeks

- I certify that the information submitted in these application are complete and accurate to the best of my knowledge.

SIGNATURE: _____ DATE: _____

**Application form must be sent electronically together with required documentation on email: natalia.cotic@mefst.hr*

*Deadline for applying for summer practice 2020 is **May 1st, 2020.***