

UNIVERSITY OF SPLIT SCHOOL OF MEDICINE

APPLICATION FORM

| ı | am | applying | for | (mark | tyne | ٥f | mobility | ١. |
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STUDY MOBILITY (encircle) Winter semester
 Spring semester

to_

TRAINEESHIP: from____

| PERSONAL INORMATION | | | |
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| | | | |
| 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

| SENDING INSTITUTION | COUNTRY | STUDY YEAR | Weighted ECTS grade point average |
|---------------------|---------|---------------|-----------------------------------|
| | | | |

\checkmark Fill in if you apply for study mobility

| COURSE you will enroll at USSM | STUDY YEAR | STUDY PROGRAM (encircle) Medicine in Croatian language Medicine in English language Pharmacy (thought in Croatian language) |
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UNIVERSITY OF SPLIT SCHOOL OF MEDICINE

√ Fill in if you apply for traineeship

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

*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 1**st, **2020**.

DATE:_____

SIGNATURE: