



## APPLICATION FORM

for study in the English Master`s Degree Programme  
 “Pharmacy” at the Faculty of Pharmacy  
 of the University of Veterinary and Pharmaceutical  
 Sciences Brno from the academic year 20... / 20...

FILL IN CAPITAL LETTERS, TYPEWRITER OR PC

Applicant`s data	
First name(s):	
Family name:	Sex:
Maiden name:	Marital status:
Academic degree:	Nationality:

Birth data	Day	ID number:
	Month	Passport number:
	Year	
	Place of birth (Town):	
	Municipality/District:	
	Country:	

Applicant`s permanent address	Street / number:	
	Part of town:	
	Town:	
	Municipality/District:	
	Postal code	State:
	e-mail:	
	Phone 1:	Phone 2:

Applicant`s temporary address	Street / number:	
	Part of town:	
	Town:	
	Municipality/District:	
	Postal code	State:

Applicant enters after:
secondary school    specialized sec. school    university    employment    home    military service

Les informations recueillies sur ce formulaire sont enregistrées dans un fichier informatisé par Parcours médecin pour la gestion du recrutement. Elles sont conservées pendant 1 an et sont destinées aux universités européennes. Conformément à la loi « informatique et libertés », vous pouvez exercer votre droit d'accès aux données vous concernant et les faire rectifier en contactant : parcours médecin, contact@parcoursmedecin.com. Nous vous informons de l'existence de la liste d'opposition au démarchage téléphonique « Bloctel », sur laquelle vous pouvez vous inscrire ici : <https://conso.bloctel.fr/>

<b>Applicant`s secondary education details</b>	<b>Name of secondary school:</b>	
	<b>Address:</b>	
	<b>Field (of study):</b>	
	<b>Field (of study):</b>	
	<b>Identification number of sec. school:</b>	<b>Year of leaving</b>

<b>Employment history</b>		
<b>Employer</b>	<b>Position</b>	<b>From - till</b>

<b>Previous studies at a University (1)</b>		
<b>State:</b>	<b>Town:</b>	
<b>University name:</b>		
<b>Faculty:</b>		
<b>Study programme:</b>		
<b>Field of study:</b>		
<b>Started:</b>	<b>Finished:</b>	<b>Academic degree:</b>

<b>Previous studies at a University (2)</b>		
<b>State:</b>	<b>Town:</b>	
<b>University name:</b>		
<b>Faculty:</b>		
<b>Study programme:</b>		
<b>Field of study:</b>		
<b>Started:</b>	<b>Started:</b>	<b>Started:</b>

<b>Doctor`s stamp and reference on applicant`s eligibility for studies</b>	
<b>Date:</b>	<b>Doctor`s signature:</b>

I am applying for study in the English Master´s degree programme “Pharmacy” at the Faculty of Pharmacy, UVPS Brno:\*

on my own\*

by help of a recruiting company\*

Name of the company:

Name of a contact person:

e-mail (or phone) of the contact person:

referred by a student of the Faculty of Pharmacy, UVPS Brno\*

Name of the student:

Personal number of the student:

e-mail of the student:

referred by an employee of the Faculty of Pharmacy, UVPS Brno\*

Name of the employee:

Department:

e-mail of the employee:

\* choose appropriate answer and enter details

This is to declare that all stated data are true and I have not withheld any important facts.

Date:

Applicant’s signature:

### RECORD OF THE ADMISSION PROCEDURE (internal)

Admission examination	
Date:	Form:
Evaluation:	
Chemistry:	points
Biology:	points
Total:	points
Succeeded (Y/N):	
Date: Jan Šaloun, Ph.D.	Signature of Vice-Dean: PharmDr.