

INTERNATIONAL STUDENT APPLICATION FORM

Please attach
passport photo

PERSONAL DATA

Family Name

Given Names

Date of Birth

City of Birth

Country of Birth

Nationality/Citizenship

Sex: Male/Female

Passport or ID card Information:

Country of Origin

Passport No. / ID card No.

Home Address: _____

Phone: _____ Mobile Phone: _____

E-mail: _____

Father – surname, first name, home address, year of birth, occupation, educational background, nationality,
citizenship: _____

Mother – as above: _____

EDUCATIONAL HISTORY

Secondary/High School Attended

Year Finished

University or College Attended

Year finished

Please indicate the acquired grades for the following courses:

Credits/ Grade

Chemistry

Biology

Physics

Have you ever been dismissed from a college or placed on academic probation?

Yes No If so, please explain: _____

ENGLISH LANGUAGE PROFICIENCY

Yes, I have completed the English language test attached:

- TOEFL
- IELTS
- CAE
- Other

Please indicate your test score (if applicable): _____

- I am applying without an English language Test - I have graduated from an English-speaking secondary school or college
- I do not need to do the English Language Test. English is my first language.

ADDITIONAL INFORMATION

Who should we contact in case of emergency?

Name and Surname : _____ E-mail: _____

Address: _____ Mobile Phone : _____

Please ensure that you have enclosed:

1. completed all sections of this application form
 2. attached 4 passport size photographs
 3. originals or certified copies of your school transcripts and English translation (English translation not needed if originals are written in Croatian)
 4. certified copy of your passport or ID card
 5. English language test results
 6. CV in English
 7. medical certificate of your general health status
 8. original of your birth certificate, *domovnica*, *rodni list* and *copy of your ID* for Croatian citizens
 9. notarized financial statement about having adequate resources for financing your study
 10. copy of the payment slip of the Application fee
-

State if you prefer to have student tutor during first year of study:

YES

NO

DECLARATION OF PSYCHOPHYSICAL FITNESS

I hereby declare under penal and material responsibility that I am psychophysically fit for attending the course of medical studies at the University of Rijeka, Faculty of Medicine and that I have no history of mental illnesses that might impair my normal functioning as a medical doctor.

Signature _____

Date _____

DECLARATION AND SIGNATURE

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

Signature _____

Date _____

Note: Any false or misleading information supplied by an applicant will be grounds for withdrawing any acceptance issued or future dismissal from the University of Rijeka , Faculty of Medicine.

FOR OFFICE USE ONLY:

Date received: _____

Student ID number: _____

Assessment:

Signed and dated: _____