

**INTERNATIONAL STUDENT  
APPLICATION FORM**

Please attach photo

**PERSONAL DATA**

\_\_\_\_\_  
Family Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
City and Country of Birth

\_\_\_\_\_  
Nationality/Citizenship

\_\_\_\_\_  
Sex: Male/Female/Other

Passport or ID Card Information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Country of Origin

\_\_\_\_\_  
Passport No. / ID Card No.

Social Security/Personal Identification No. \_\_\_\_\_

Home Address (Street, City, Postal Code, Country): \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Father – surname, first name, permanent address, year of birth, occupation, nationality, citizenship:

\_\_\_\_\_  
\_\_\_\_\_

Mother –surname, first name, permanent address, year of birth, occupation, nationality,  
citizenship: \_\_\_\_\_

\_\_\_\_\_

## EDUCATIONAL HISTORY

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Secondary/High School Attended

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Year Finished

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University or College Attended

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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

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: \_\_\_\_\_

Home Address (Street, City, Postal Code, Country): \_\_\_\_\_

Mobile phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Please ensure that you have enclosed:

1. Completed all sections of this application form
2. 4 passport size photos
3. CV in English language
4. Originals or certified copies of your school transcripts and English translation (English translation not needed if originals are written in Croatian)
5. Proof of payment of the Application fee (200,00 EUR)
6. Certified copy of ID card or Passport
7. original or certified copy of your birth certificate
8. Medical certificate of your general health status (not older than one month)
9. notarized financial statement about having adequate resources for financing your study
10. English language certificate

State if you prefer to have student tutor during first three years of studies:

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 \_\_\_\_\_

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### 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.**