

Name and Surname:			
Day, month, year of birth:		Your UČO No.:	
Year and speciality of study:		Study group:	
Email address:		Mobile No.:	
Address:			

APPLICATION

For.....

Reasons to support the application:

Document enclosed:

.....
Date

.....
Student's signature

Dpt. of Study Affairs
Kamenice 5
625 00 Brno
Czech Republic

<http://www.med.muni.cz>
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**MASARYK UNIVERSITY
FACULTY OF MEDICINE**

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Office Hours at the Department of Study Affairs of Medical Faculty, Masaryk University; Pavilion A17, Kamenice 5; 2nd floor:
Mondays, Wednesdays and Thursdays: 12:30 – 14:30; Tuesdays: 9:30 – 11:30; Fridays: 9:00 – 11:00

Standpoint of the Department (Examiner):

Decision of the Dean:

Decision sent (date):

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