



CZECH UNIVERSITY OF AGRICULTURE PRAGUE

Faculty of Agrobiology, Food and Natural Resources

BSc Course Application Form

* Note: Please, tick off X in proper quad in relevant parts of this application form

PERSONAL DATA

Family Name

Given Name(s)

PHOTO

Postal Address

City

Country

Telephone

Fax

E-mail

Date of Birth

Place of Birth

Nationality

Gender*

☐ F

☐ M

Marital status* ☐ Single ☐ Married

Passport No.

Issued at

ACADEMIC RECORDS

University

City

Country

Major field of study

Degree

(BSc, MSc)

Year

Official duration of Programme

Graduated? Yes, date

Not yet, expected date

Grade Point Average

Scale (min. and max.)

FINANCES

Private financial resources?*

☐ Full

☐ Partial

☐ None

Fellowship required?*

☐ granted

☐ not granted

If granted, please, name the authority and attach supporting statement(s)

Does the above cover all expenses?*

☐ Yes ☐ No

Comments_____

LANGUAGE ABILITY

Native Language

Language used in Secondary School

Language used in Higher Education

English Language* ↑ Excellent ↑ Very Good ↑ Good

Note: Candidates from non-English speaking countries should attach a certificate of proficiency in English, issued by recognized language institute.

EMPLOYMENT RECORD (If applicable)

Employer

Address

Present position

Position since

Describe present work

Previous positions held

Years of Service (From / To)

PUBLICATIONS

Attached, please, separately list of any significant publication(s) you have written.

DOCUMENTS TO BE INCLUDED*

↑ BSc Application Form

↑ Two Passport-size Photos

↑ Secondary School diploma or equivalent (or certified English translation)

↑ School Records (or certified English translation)

↑ Statement of Motivation

↑ Curriculum Vitae

↑ Financial Support documents (if applicable)

↑ List of publications (if applicable)

INSURANCE, REGULATIONS

I agree that I shall be responsible to obtain necessary health's insurance coverage and I shall abide by the rules and regulations of the host Faculty, University and by the local laws. I understand that organizers do not accept any responsibility for such risks as loss or life, accidents, illness, loss of property, theft, etc.

Place

Date

Signature of the applicant:

Please send this application to:

Office of International Relations, Faculty of Agrobiological Sciences
Resources

Marie Kafkova, MA, Phil
Dekanat FAPPZ, CZU Praha
Kamycka 129
Praha 6 – Suchbát
165 21

Czech Republic, EU, EUROPE

FAX: + 420 234 381 801
Phone: + 420 224 384 577
E-mail: kafkova@af.czu.cz