**Charles University, Faculty of Science**

**Degree: (Bc, Msc, Phd) Academic year:**

**Field of study:**

**Specialization:**

**REGISTRATION FORM**

|  |  |
| --- | --- |
| Surname: | First name:  Marital Status: |
| Date of birth: | Place of birth: |
| Passport/ID number: | Citizenship: |
| Permanent address: | |
| Address in Prague:  Help with accommodation needed? YES / NO | |
| Insurance (insurance company, policy number): | |
| E-mail: | Cell phone number: |
| Highest education level |  |
| Level of Czech language (Please circle the appropriate):  *None Beginner Intermediate Advanced Native*  I wish to enrol in courses of Czech language: YES / NO  Level of English language (Please circle the appropriate):  *None Beginner Intermediate Advanced Native* | |
| Bank Name/ Bank Account Number  Account holder |  |
| Health problems/Disability: | Comments on disability: |
| Student signature | Stamp and signature of International Affairs Office  Date: |

*This registration form must be accompanied by evidence of studies at the University of your domicile.*

*Otherwise, fill in the "Statutory Declaration" form in Annexe 1.*