**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 / NOLevel of English language (Please circle the appropriate):*None Beginner Intermediate Advanced Native* |
| Bank Name/ Bank Account NumberAccount holder |  |
| Health problems/Disability: | Comments on disability: |
| Student signature | Stamp and signature of International Affairs OfficeDate: |

*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.*