

University of Rijeka Republic of Croatia

Please attach passport photo

INTERNATIONAL STUDENT APPLICATION FORM

# PERSONAL DATA

Family Name

First Name(s) \_\_

Date of Birth

Country of Birth

Nationality/Citizenship

Country of residence:

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

Passport Information:

Passport No.

Social Security/Personal Identification No.

Current Mailing Address:

Phone:

Permanent Mailing Address:\_

E-mail:

Mobile:

Phone:

Father – family name, first name(s), permanent address, year of birth, occupation, nationality, citizenship:

Mother – family , first name(s), permanent address, year of birth, occupation, nationality, citizenship:

# EDUCATIONAL HISTORY

Secondary/High School Attended

University or College Attended

Year of graduation high school/College

Please indicate the achieved grade point average and maximum grade according to the official academic grading scale

Chemistry – average Maximum

Biology – average Maximum

Physics - average Maximum

Overall secondary/high school grade – average Maximum

Final exam (if applicable): – average Maximum

Have you ever been dismissed from a college or placed on academic probation? Yes / No

If so, please explain:

# ENGLISH LANGUAGE PROFICIENCY

* TOEFL
* IELTS
* CAE
* Other
* Please indicate your test score (if applicable):
* 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:

Address:

Telephone no:

# DECLARATION OF PSYCHOPHYSICAL ABILITIES

I hereby declare under penal and material responsibility that I am psychophysically capable of attending the academic courses at the University of Rijeka Faculty of Dental Medicine and that I have no history of mental illnesses that might impair my normal functioning as a medical doctor.

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 Dental Medicine.

**Please ensure that you have enclosed:**

1. completed all sections of this application form
2. attached 4 passport size photographs
3. originals or certified copies of your school transcripts and English translation (English translation not needed if originals are written in Croatian)
4. copy of your passport
5. English language test results
6. CV in English
7. medical certificate of your general health status
8. original of your birth certificate, *domovnica*, *rodni list* and *copy of your ID* for Croatian citizens
9. notarized financial statement about having adequate resources for financing your study
10. copy of the payment slip of the Application fee

# FOR OFFICE USE ONLY:

Date received: Student ID number:

Assessment:

Signed and dated: