

**APPLICATION FORM\***

Application form for the Manual Dexterity Test for enrollment into the first year of the

Integrated Undergraduate and Graduate Study of Dental Medicine in English at the Faculty of Dental Medicine, University of Rijeka,

the academic year 2021/22

First name:

Last name:

Address:

Passport no.:

Phone:

Mobile phone number

Mobile phone model

Operating system and version (year)

E-mail:

, 2021 Applicant's Signature

(day and month) \_

**\*To be enclosed with this application:**

* Proof of payment for the Manual Dexterity Test
* Application form should be printed and **filled out completely** **by computer, not manually**
* **Please send this form on e-mail: barbara.sestan@fdmri.uniri.hr**