Study programme: **Personal number:**
Field of study: **Reference number:**
Joint study:
Specialization:
Form of tuition:
Language of tuition:

STUDENT'S ENROLMENT FORM FOR 1ST YEAR OF STUDIES

Surname:	**First name:**	**Title:**
Original surname:		**Czech insurance ID:**
Marital status:		**Slovak insurance ID:**
Date of birth:		**Sex:**
Place of birth:		**Nationality:**
Permanent residence:		
Street, house:		
Town:	Post code:	
Adresa určená pro doručování:		
Street, house:		
(or hall of residence)		
Town:	Post code:	
ID of data box (if established):		
Telephone number:		
E-mail:		
Number of Student Card coupon:		
Number of bank account: :		

Thereby I represent that

- I am aware that by this enrolment for studies I become a student of the First Faculty of Medicine of Charles University to the effect of Section 61 Subsection 1 of the Act number 111/1998 Coll., Act of schools of higher education in its current valid wording as amended (thereinafter "Higher Education Act");
  I am aware of a student's obligation to observe internal regulations of Charles University and the First Faculty of Medicine according to Section 63 Subsection 2 of the Higher Education Act. I can access the full wording of the said regulations at https://www.cuni.cz/UK-104.html;
- all data that I gave is true, I did not withhold any relevant facts and I am aware of all consequences resulting from concealing the data or giving false data (particularly so considering Section 63 Subsection 3 Inset (b) and Subsection 4 of the Higher Education Act).

Date of enrolment: Enrolment seal:

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..... Student's signature

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