

# SUMMER COURSE FOR MEDICAL STUDENTS

## SEPTEMBER 6-10, 2021

### APPLICATION FORM

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Country of origin: \_\_\_\_\_

Faculty: \_\_\_\_\_

Year of study: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

To be sent by e-mail to: [summer.course.iphys@fgu.cas.cz](mailto:summer.course.iphys@fgu.cas.cz)

Applicants will be selected on a first come, first-serve basis.

If the accommodation is needed please notice it here: