

SUMMER COURSE FOR MEDICAL STUDENTS

SEPTEMBER 5-8, 2022

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

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

If the accommodation is needed please notice it here: