

THE CZECH MEDICAL UNIVERSITY COURSES ADMISSIONS SERVICE ENTRANCE EXAMINATION APPLICATION FORM



At 253 Wells Road, Malvern Wells,
Worcestershire, WR14 4JF, England
Tel: +44 1684 892300 Fax: +44 1684 892757
E-mail: admin@cmucas.com Web: www.cmucas.com



PLEASE READ THE INSTRUCTIONS BELOW CAREFULLY AND PRINT/WRITE IN BLOCK CAPITALS

ALL APPLICANTS NEED TO COMPLETE THIS APPLICATION FORM AND SEND IT TO THE ADDRESS ABOVE TOGETHER WITH:

- THE APPLICATION/EXAM FEE OF £150
- COPIES OF EXAMINATION CERTIFICATES AND SCHOOL TRANSCRIPTS/REPORTS (AS REQUESTED IN SECTION 5)
- ANY SUPPLEMENTARY LETTERS OR STATEMENTS THE APPLICANT MAY WISH TO SUBMIT

THOSE APPLICANTS WHO WISH TO TAKE THE FOUNDATION COURSE NEED TO ASK FOR THE ABBEY COLLEGE'S PROSPECTUS AND SEPERATE APPLICATION FORM, SENDING THE FOLLOWING ITEMS IN ADDITION:

- FOUR PASSPORT-SIZED PHOTOGRAPHS OF THE APPLICANT
- A CONFIDENTIAL REPORT FROM THE APPLICANT'S PRESENT OR MOST RECENT SCHOOL

PLEASE NOTE THAT THIS IS NOT THE FINAL UNIVERSITY'S APPLICATION (WHICH IS COMPLETED ON THE DAY OF THE ENTRANCE EXAMINATION) AND IS NOT THE FINAL FOUNDATION COURSE APPLICATION

SECTION 1: DETAILS OF THE APPLICANT

Family Name: _____ Other Names: _____

Marital Status: _____ Maiden Name (if applicable): _____

Date of Birth (Day/Month/Year): ____/____/____ Present Age: _____ Male Female Nationality: _____

Religion: _____ Passport Number: _____ Place of issue: _____

Non-U.K. nationals – are you able to speak, read and write fluently in English? (language support is available): _____

Home Address: _____

Tel: _____ Fax: _____ E-mail: _____

Address for correspondence (if different): _____

Tel: _____ Fax: _____ E-mail: _____

Who will be responsible for paying fees? (Please state relationship to the applicant): _____

Address (if different from above): _____

Does the applicant have any special dietary (food) requirements? Yes No If Yes, please specify: _____

Does the applicant take medication on a regular basis? _____

Does the applicant have any serious illness (or has had one in the past)? _____

SECTION 2: WHERE DID YOU FIRST HEAR ABOUT THE C.M.U.C.A.S. SCHEME?

(i) From a friend/family member (ii) From The Abbey College (iii) From your representative/agent

(iv) From the British Council (v) From an exhibition in _____ (vi) From the Internet

(vii) From an advertisement in a newspaper/other publication (please give full details including date): _____

(viii) From a University/counsellor/ careers advisor (please give details): _____

(ix) From a medical conference (please give details): _____

(x) Other (please give details): _____

SECTION 3: COURSE DETAILS

Which degree course does the applicant wish to apply for?

Medicine Dentistry

Which route would the applicant like to take?

Direct Entry – Exam Only Direct Entry with Revision Course One-year U.K. Foundation Course

Unsure, please advise

Year of commencement: _____ If not the current year does the applicant wish to take the exam or course this year anyway? Yes No

Please state applicant's choice of faculty, in order of preference: A – 1) _____ 2) _____ 3) _____

B – Not known, please advise

C – Will accept any places available

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If you have already applied to other universities, have offers or have passed entrance exams we have found that from past experience this may enhance your position during the interview stage.

In order for us to relay this information in an effective manor to your chosen faculty please can you complete and return this form.

SURNAME:

FORENAME:

University 1	
Name of University	
Course:	Dentistry/Medicine/Other.....
Location:	Czech/UK/Other.....
Offer Made:	Yes/No Conditional Offer/Unconditional offer/other.....
Do you have any deadlines to meet?	Yes/No Deadline Date: Details:.....
Other Information	Any other relevant information you may want to include e.g. you are one of two hundred applicants who have been offered place, you obtained xx% in an entrance exam etc.

University 2	
Name of University	
Course:	Dentistry/Medicine/Other.....
Location:	Czech/UK/Other.....
Offer Made:	Yes/No Conditional Offer/Unconditional offer/other.....
Do you have any deadlines to meet?	Yes/No Deadline Date: Details:.....
Other Information	Any other relevant information you may want to include e.g. you are one of two hundred applicants who have been offered place, you obtained xx% in an entrance exam etc.

University 3	
Name of University	
Course:	Dentistry/Medicine/Other.....
Location:	Czech/UK/Other.....
Offer Made:	Yes/No Conditional Offer/Unconditional offer/other.....
Do you have any deadlines to meet?	Yes/No Deadline Date: Details:.....
Other Information	Any other relevant information you may want to include e.g. you are one of two hundred applicants who have been offered place, you obtained xx% in an entrance exam etc.

University 4	
Name of University	
Course:	Dentistry/Medicine/Other.....
Location:	Czech/UK/Other.....
Offer Made:	Yes/No Conditional Offer/Unconditional offer/other.....
Do you have any deadlines to meet?	Yes/No Deadline Date: Details:.....
Other Information	Any other relevant information you may want to include e.g. you are one of two hundred applicants who have been offered place, you obtained xx% in an entrance exam etc.

University 5	
Name of University	
Course:	Dentistry/Medicine/Other.....
Location:	Czech/UK/Other.....
Offer Made:	Yes/No Conditional Offer/Unconditional offer/other.....
Do you have any deadlines to meet?	Yes/No Deadline Date: Details:.....
Other Information	Any other relevant information you may want to include e.g. you are one of two hundred applicants who have been offered place, you obtained xx% in an entrance exam etc.

*** Continue on separate sheet if necessary, thank you*