



CZECH UNIVERSITY OF LIFE SCIENCES PRAGUE

Faculty of Agrobiological Sciences, Food and Natural Resources

PhD Study Application Form

* Note: Please, tick off X in proper quad in relevant parts of this application form

PERSONAL DATA

Family Name

Given Name(s)

PHOTO

Postal Address

City

Country

Telephone

Fax

E-mail

Date of Birth

Place of Birth

Nationality

Gender*

☐ F ☐ M

Marital status* ☐ Single ☐ Married

Passport No.

Issued at

ACADEMIC RECORDS

University

City

Country

Major field of study

Degree (MSc)

Year

Official duration of Programme

Graduated? Yes, date

Not yet, expected date

Grade Point Average

Scale (min. and max.)

FINANCES

Private financial resources?*

☐ Full ☐ Partial ☐ None

Fellowship required?*

☐ granted ☐ not granted

If granted, please, name the authority and attach supporting statement(s)

Does the above cover all expenses?*

☐ Yes ☐ No

Comments

LANGUAGE ABILITY

Native Language

Language used in Secondary School

Language used in Higher Education

English Language* ↑ Excellent ↑ Very Good ↑ Good

Note: Candidates from non-English speaking countries should attach a certificate of proficiency in English, issued by recognized language institute.

EMPLOYMENT RECORD (If applicable)

Employer

Address

Present position

Position since

Describe present work

Previous positions held

Years of Service (From / To)

PUBLICATIONS

Attached, please, separately list of any significant publication(s) you have written.

DOCUMENTS TO BE INCLUDED*

- PhD Study Application Form
- Two Passport-size Photos
- MSc diploma or equivalent (or certified English translation)
- Academic Records (or certified English translation)
- Statement of Motivation
- Curriculum Vitae
- Financial Support documents (if applicable)
- List of publications (if applicable)
- Official report of your health from GP

INSURANCE, REGULATIONS

I agree that I shall be responsible to obtain necessary health's insurance coverage and I shall abide by the rules and regulations of the host Faculty, University and by the local laws. I understand that organizers do not accept any responsibility for such risks as loss or life, accidents, illness, loss of property, theft, etc.

Place

Date

Signature of the applicant:

Please send this application to:

International Relations Office
Faculty of Agrobiology, Food and Natural Resources
Marie Kafkova, MSc Phil
Dekanat FAPPZ, CZU
Kamycka 129
Praha 6 – Suchdol
165 21
Czech Republic, EUROPE

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