



# CZECH UNIVERSITY OF LIFE SCIENCES PRAGUE

Faculty of Agrobiolgy, Food and Natural Resources

## MSc Course 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 (BSc, 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
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Language used in Secondary School
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Language used in Higher Education
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English Language*	↑ Excellent	↑ Very Good	↑ Good
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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
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Address
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Present position
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Position since
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Describe present work
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Previous positions held
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Years of Service (From / To)
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**PUBLICATIONS**

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

**DOCUMENTS TO BE INCLUDED\***

- MSc Application Form
- Two Passport-size Photos
- BSc 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)

**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
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Date
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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

FAX: + 420 234 381 801

Phone: + 420 224 384 577

E-mail: [kafkova@af.czu.cz](mailto:kafkova@af.czu.cz)