



**CHARLES UNIVERSITY**  
Faculty of Pharmacy  
in Hradec Králové

**Charles University, Faculty of Pharmacy in Hradec Králové**

**Degree:**

**Academic year:**

**Field of study:**

**REGISTRATION FORM**

Surname:		First name:	
		Marital Status:	
Date of birth:	Place of birth:		
Passport/ID number:	Citizenship:		
E-mail:		Cell phone number:	
Permanent address:			
Address in the Czech Republic:			
Help with accommodation needed? YES / NO			

**Undergraduate Student Services**

Akademika Heyrovského 1203/8  
500 05 Hradec Králové, Czech Republic  
tel. (+420) 495 067 426  
e-mail: study@faf.cuni.cz

Insurance (insurance company, policy number):

Highest education level:

I am able to provide the following documents concerning my studies:

Level of *Czech language* (Please circle the appropriate):

*None      Beginner      Intermediate      Advanced      Native*

Level of *English language* (Please circle the appropriate):

*None      Beginner      Intermediate      Advanced      Native*

Bank Name/ Bank Account Number in the Czech Republic

Account holder

Additional Information:

Student signature

Place and date: