



**PALACKY UNIVERSITY OLOMOUC – FACULTY OF MEDICINE AND DENTISTRY**

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**Application form for exceptional scholarship  
(international mobility in 2024)**

**Applicant**

**Name and surname:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Telephone no:** \_\_\_\_\_

**Student no, study year:**   L   \_\_\_\_\_

**Field of studies:** \_\_\_\_\_

If you were already granted an exceptional scholarship for mobility abroad during the previous year(s), please write the year when it was granted and the total amount of the scholarship:

\_\_\_\_\_  
\_\_\_\_\_

**Receiving institution**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Country:** \_\_\_\_\_

**Mobility dates:** \_\_\_\_\_

**Mobility type:** \_\_\_\_\_  
(mark the appropriate)

Mobility of Dentistry students/

Mobility of General Medicine students – free-movers/IFMSA

**Date:**

**Signature:**