



PALACKY UNIVERSITY OLOMOUC – FACULTY OF MEDICINE AND DENTISTRY

**Application form for exceptional scholarship
(international mobility in 2020)**

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: Mobility of Dentistry students/
(mark the appropriate) Mobility of General Medicine students – free-movers/IFMSA

Date:

Signature: