

## PALACKY UNIVERSITY OLOMOUC – FACULTY OF MEDICINE AND DENTISTRY

## Application form for exceptional scholarship (international mobility in 2021)

## **Applicant**

Name and surname:			
Address:			
E-mail:			
Telephone no:			
Student no, study year:	<u>L</u>	 	
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: