



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

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### **Application form for exceptional scholarship (international mobility in 2025)**

#### **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:**