



PALACKY UNIVERSITY OLOMOUC – FACULTY OF MEDICINE AND DENTISTRY

**Application form for exceptional scholarship
(international mobility in 2017)**

Applicant

Name and surname: _____
Address: _____
E-mail: _____
Telephone no: _____
Student no, study year: _____
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
Mobility of General Medicine students – free-movers/IFMSA

Date:

Signature: