## International student application form





001010010		University of Zagreb School of Dental Medicine
2018/2019		Gundulićeva 5
APPLICATION No.		10000 Zagreb
		Croatia
		Phone: (01) 4802 111
		Fax: (01) 4802 159
		www.sfzg.unizg.hr
PERSONAL DATA		
Given Name		
Family Name		
Date of Birth		
Country of Birth		
Nationality / Citizenship		
Sex: Male / Female		
Marital Status		
	Country of Origin	
	Passport Number	
Social Security / Personal Identification Number		
Mailing Address		
Phone		
Email		
Father - surname, first name,		
permanent address, year of		
birth, occupation, nationality, citizenship		
Mother - surname, first		
name, permanent address,		
year of birth, occupation,		
nationality, citizenship		

EDUCATIONAL INFORMATIO	N					
Secondary / High School Attended						
Year Finished						
Cumulative GPA						
Level	Undergraduate Level □	Graduate Level □				
		Cre	edits	Grade		
	Chemistry					
	Biology					
	Physics					
ENGLISH LANGUAGE PROFICIENCY						
	Test		Score (if applicable)			
	TOEFL					
	IELTS □					
	CAE □					
I am applying without an English language test and would like my previous education considered as evidence of my English language						
I do not need to do the English language test. English is my first language.						
DECLARATION OF PSYHOPHYSICAL FITNESS  I hereby declare under penal and material responsibility that I am psychophysically fit for attending the course of medical studies at the School of Dental Medicine, University of Zagreb and that I have no history of mental illnesses that might impair my normal functioning as a doctor of dental medicine.						
Signature		Date				
DECLARATION AND SIGNAT						
I certify that the information submitted in these application materials is complete and accurate to the best of my knowledge.						
Signature		Date				
Note: any false or misleading information supplied by an applicant will be grounds for the withdrawing any acceptance issued or future dismissal from the School of Dental Medicine, University of Zagreb.						