



Charles University in Prague, Third Faculty of Medicine

**STUDENTS RECORD**

Acad. year: .....

Study program: **LLP Erasmus** .....

Meal Ticket No. ....

Coupon No. ....

**Please use BLOCK LETTERS:**

Surname (Family Name): \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth (day/month/year): \_\_\_\_\_ Sex: F M

Citizenship: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Sending Institution: \_\_\_\_\_

Field of Studies: \_\_\_\_\_ Year presently registered in: \_\_\_\_\_

Period of Study at the 3rd Faculty of Medicine,  
Charles University in Prague: From: \_\_\_\_\_ to: \_\_\_\_\_

Temporary address in Prague: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

**STUDY PLAN:**

REGISTERED LESSONS: Module/Lecturer	Credits	Semester - hours (total number)			
		Winter		Summer	
		Lect	Pract	Lect	Pract

Date: ..... Student's Signature: .....