**Registration form for postgraduate students at Third Faculty of Medicine**

Name and surname:………….…………………………………Maiden name.: ……………….

Status: ………………………………Nationality:………………………………………………

Date and place of birth:……………………………………….District: ………………………..

Birth certificate number:………………………………ID number:……………………………

Graduated university, year of graduation, field of study:……………………………………….

Permanent address:……………………………………………………Phone:.………………...

Temporary address:…………………………………………………Phone:…..………………..

E – mail: ………………………………………

Comment: mark the address where you want us to send the correspondence: whether to the place of permanent or temporary address

Form of studies: full-time

 part-time

Field of studies:………………………………………………………………………………..

At CU faculty, at CAS:………………………………………………………………………….

Start day of doctorate studies: …………………………………………………………………

In the case of part-time study, complete delegated department - employer – address, phone, fax: …………..………………………………………………………………………………….

Supervisor – name, surname, degree: …………………………………………………………

Institution and department of supervisor (complete address, phone, fax) : ………………………………….………………………………………………………………………………...............................................................................................................................

Consultant eventually (name, surname, degree, address, phone, fax): ……………………………………………………………………………………………………………………………………………………………………………………………………...

Institution that provides scholarship: …………………………………………………………

Date : ………………… ………………………………………….

 Signature of the student