

APPLICATION
FIELD TRIP TO MOLDOVA
SUMMER SEMESTER 2018/2019 (June 2019)



Name..... Surname.....

Permanent address:

Temporary residence:

Enrolled in (academic year 2018/2019):

Bc. Mgr. Ph.D.

Field of studies:.....

Email:

Telephone number including the country code (Czech and other if you have):

.....

Passport number/date of expiry/place of issue

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Date of birth:

Contact person (in case of emergency): Email

 Telephone

Health limitations:

Medication taken on regular basis

I commit myself to carry out at least 2 activities (1 article) related to dissemination of the information and multiplication of the knowledge acquired during the field trip. In case I will not do it I will have to pay the whole costs of the field trip.

Date/Signature