



APPLICATION FORM

For studies at Masaryk University, Brno Czech Republic

Please read the instructions below carefully and write in capital block letters

Complete, Sign/Date and Mail with a \$150 check payable to:

Concord Medical Institute

5776-D Lindero Cyn Rd. #400

Westlake Village, CA 91362

T. (212) 465-2545 F. (212) 465-2547

Website: www.concordmedicalinstitute.com Email: info@concordmedicalinstitute.com



In which year are you applying? _____ - _____

Program of Interest: M.D. Dentistry

1. Personal Information:

Last name: First name: Middle Initial:

Current Mailing Address:

.....

City, State, Zip code, Country:

Telephone Number: Mobile Number:

Email address: Date of Birth:

Gender: Male Female Marital Status: Single / Married / Divorced (circle)

Social Security Number: Visa Status: U.S. Citizen Resident Other:.....

Passport Number: Your Occupation:

Permanent Address (if different than above):

.....

Applicants Father's name: Occupation: Age:

Applicants Mother's name: Occupation: Age:

Parent's Mailing Address (if different than above):

.....

City, State, Zip code, Country:

Person to be notified in case of emergency:

Relationship: Telephone number:

Languages you are proficient in:

2. Applicants Academic & Professional Qualifications:

Please list all academic institutions & provide all information relevant for your application (attach additional sheet if necessary).

Institution Name & Address	Diploma/Degree	Major	Years attended
(Secondary & High School education)			
(College/University)			
(Graduate & Pos Baccalaureate)			

Undergraduate coursework record (Please enter your GPA)

Course title (Incl.Labs)	Institution	Years taken (Lec/Labs)	Credit Hours (Lec/Labs)	Grade (Lec/lab)	GPA
(BIOLOGY)					
(CHEMISTRY)					
(PHYSICS)					

Graduate coursework record (Please enter your GPA)

Course title (Incl.Labs)	Institution	Years taken (Lec/Labs)	Credit Hours (Lec/Labs)	Grade (Lec/lab)	GPA

Medical College Admission Test (MCAT) score (if applicable)

Test date	Verbal reasoning	Physical Sciences	Writing sample	Biological sciences

If you are presently registered to take the MCAT please indicate test date:

Course/Year	Cumulative GPA grade	Science	Non-science
High School			
1 st year Undergraduate			
2 nd year Undergraduate			
3 rd year Undergraduate			
4 th year Undergraduate			
Cumulative Undergraduate			
Post graduate & Bacculerate score			

Please list any Academic Honors (attach additional sheet if necessary):

.....

Please list any Extracurricular Activities (attach additional sheet if necessary):

.....

3. Employment Experience:

Please list all jobs held in the last five years. (Attach an additional sheet if necessary)

Employers Name	Address	Date of employment	Post held

4. Health Status:

Do you have any medical or physical health condition(s) which may affect your educational responsibilities to the professional program in which you are applying for? Yes or No

If yes please explain on a separate sheet of paper.

5. Student's Personal Statement:

Please provide us a short essay on why you wish to study medicine/dentistry.

6. Additional information:

Please list name and academic rank of the persons who will be submitting recommendations on your behalf:.....
.....
.....
.....

Have you ever been dismissed/expelled/and/or required to withdraw from any school for any reason?

Yes or No (if yes, please explain in detail-attach sheet if necessary)
.....
.....

Do you have a criminal record?

Yes or No (if yes, please explain in detail-attach sheet if necessary)
.....
.....

7. Financial Information:

In the greatest interest of the applicant, a complete comprehensive financial plan is necessary. We do recognize that all sources of funding for your education may not yet be fully secured, but enter the likely amount of support from the appropriate sources for the total cost per academic year.

Students Assets	\$.....
Family's Income	\$.....
Family Assets	\$.....
Foundations	\$.....
Loan	\$.....
<u>Other(s)</u>	<u>\$.....</u>
Total	\$.....

The university reserves the right to require proof a student's ability to fund a complete education.

8. Payments

A. Application Fee

An initial non-refundable Application Fee of \$150.00 USD payable to *Concord Medical Institute* due at time of application submission.

B. Entrance Exam Fee

Approximately \$350.00 USD (depending on location in N. America) payable to *Concord Medical Institute* within 14-days prior to entrance examination.

C. Administrative and Seat Allocation Fee

One time fee of \$5000.00 USD payable to *Concord Medical Institute* within 7-days of acceptance.

9. Statement of Authenticity

I hereby certify that all of the information provided on this application is true. If it is consequently discovered that false or imprecise information was submitted, the University may turn down a candidate's acceptance; if a student is registered, dismiss the student; or if a degree has been conferred, withdraw the degree.

I understand that in addition to the non refundable application fee of \$150.00 and Entrance Examination fee of \$350.00, I am responsible for the above mentioned Administrative and Seat Allocation Fee of \$5000.00 payable to Concord Medical Institute within 7-days of receiving my acceptance letter.

I understand that in order to be granted admission, I must first pass an entrance examination. I also understand that I may be dismissed or placed on probation for poor or failing academic performance or for failing to meet my financial obligations to the University. This also includes failing to abide by the rules of any hospital and/or institution where I am pursuing a course for which I am enrolled.

Signature of Applicant:

Date signed:.....

Please Note:

Applications that are incomplete and/or contain insufficient details may not be accepted. Please do not include any original documents for submission at this time, as Concord Medical Institute and affiliates do not accept any responsibility for the damage or loss any such items.

OUR ADDRESS

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Check List for Admission

1. Completed, signed application form
2. Two Passport size photos (*with your printed name and signature on back*)
3. Copy of your birth certificate
4. Copy of your passport page that clearly shows your date of birth
5. Personal Statement depicting – “Why I Want to Become a Physician.”
6. Two copies of high school transcript
7. Two copies of high school diploma
8. Two transcripts from each university attended (if applicable)
9. Two copies of any degrees you have received
10. Official MCAT or VCAT scores (if applicable)
11. Two letters of recommendation
12. Non-refundable \$150.00 application fee

Applicants can submit unofficial/student copies of transcripts for processing. In the event of admission being granted, official copies will be required.