**Registration Form for Guest Students**

**Please note:** This form can only be used if the guest scientist and the host/contact person at Faculty of Dental Medicine and Health Osijek have already agreed about the details of the student stay.

All completed registration have to be submitted to: **Viktorija Mendler, dipl. oec.  
 Administrative Assistent  
 Office International Collaboration  
 Faculty of Dental Medicine and Health Osijek**

**Crkvena 21, 31000 Osijek, Croatia**

Please fill in the form on your computer or use capitals.

Please checkmark fields like this: ⌧

**1. Personal data**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Surname: |  | | |
| Title: |  | | |
| Date of birth: |  | Sex: 🞏 male 🞏 female | |
| Passport number: |  | valid till: | |
| Nationality: |  | | |
| Current Adress: |  | | |
| E-mail: |  | | Phone: |
| Languages spoken: |  | | |
| Name and Place of Home Institution |  | | |
| Degreee program: |  | | |
| Year of study: |  | | |
| Purpose of mobility: | 🞏 Study visits  🞏 Professional practice  🞏 Other: | | |
| Emergency contact person and phone number: | | | |
| Do you recieve a fellowship/grant for this stay? 🞏 Yes 🞏 No  If yes, please indicate the funding institution/sponsor: ………………..  (Please enclose a copy of the awarding letter or agreement.) | | | |

**2. Information about your planned research stay at the Faculty of Dental Medicine and Health Osijek***Notice: You are not allowed to treat patients or assist in patient treatment.*

|  |  |
| --- | --- |
| **Host department/institute:** | **Contact person at the Faculty of Dental Medicine and Health Osijek** |
|  |  |

**3. Desired duration period:**

|  |  |  |
| --- | --- | --- |
| Duration in week(s): |  | |
| Within the period: | from:  (day/month/year) | to:  (day/month/year) |

**4. Health Insurance and Immunization**

|  |  |
| --- | --- |
| I have health insurance coverage for this period. | 🞏 Yes 🞏No |
| **You MUST provide health and accident insurance (travel insurance) from your country covering at least the period of your stay at the Faculty of Dental Medicine and Health Osijek. You have to provide proof of health and accident insurance to the Faculty of Dental Medicine and Health Osijek upon request.** | |

**5. Financial support**

All guest scientists must be provided with appropriate financial support from external sources.

The Faculty of Dental Medicine and Health Osijek does not provide salary or benefits for this programme and does not cover any inquired expenses except for the ones arranged in hosting agreement.

**6. Enclosures**

**The following documents have to be attached:**

🞏CV with personal and educational data

🞏Proof of health insurance coverage for the period spent at the host institution

🞏Award letter/agreement (if you recieve funding/fellowship/grant)

**Note: Your application can only be considered if all required documents are attached!**

**I understand that I am responsable for obtaining my own visa and the other necessary travel documents, immunizations and other requirements as stipulated by the governments of the country of my travel and/or Croatia. I will sign an agreement stating the terms and conditions of my stay at the Faculty of Dental Medicine and Health Osijek upon arrival. I understand that all the travelling, living and housing expense are my responsibility and/or the responsibility of my sponsoring institution or government agency.  
I certify that the foregoing information is correct as stated. I will give immediate notice of any changes or amendments to the above given data.**

Date: .....................

........................................... ........................................................ ........................................  
Signature: Guest scientist Signature: Contact Person/Supervisor Signature: Dean