

**APPLICATION FORM**  
LIFELONG LEARNING PROGRAMME

Programme/course: <b>Special form of study</b>
Academic year: 20../.. Semester: winter * summer * *(delete as appropriate)

Title:	Forename:	Surname:
Rodné číslo <i>or</i> Passport no.:	Date of birth:	Place of birth:
Permanent address:		
Correspondence address (if not the same as permanent address):		
Telephone:	Email:	
Identity card no. (if applicable):	Graduation exam: Yes/No* *(delete as appropriate):	
Study in Czech/Slovak: Yes/No * *(delete as appropriate)	Duration of study (years): .....	

.....  
(date)

.....  
(signature)

By signing this application form I consent to the processing, collection and storage of the above personal data within the terms of Act No. 101/2000 Coll., On the Protection of Personal Data and on Amendments to Some Acts, as amended. I declare that all the above data are true and that I have not withheld any important information concerning my application. I acknowledge that if I fraudulently obtain admission to the above programme, I may be excluded from the course of study, in accordance with the Lifelong Learning Regulations of Charles University. I declare that I have become acquainted with the Lifelong Learning Regulations.