**CZECH TECHNICAL UNIVERSITY IN PRAGUE**

**Faculty of Architecture**

International Office

Thákurova 9, 166 34 Prague 6, Czech Republic

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**Application Form**

**Proposal to Accept a Foreign Guest for a Visit**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Family name (Surname): | | | | |  | | | |
| First and middle name: | | | |  | | | | | |
| Nationality: | |  | | | | | Sex: |  | |
| Passport number: | | |  | | | | | | |
| Date, place and country of birth: | | | | | |  | | | |
| Address: |  | | | | | | | | |
|  | | | | | | | | | |

**Home institution:**

|  |  |  |  |
| --- | --- | --- | --- |
| University: | |  | |
| Faculty: |  | | |
| Address of the university: | | |  |
|  | | | |

**Period of stay at the FA CTU:**

|  |  |  |  |
| --- | --- | --- | --- |
| From: |  | | |
| Until: |  | | |
| Hosting Department at the FA CTU: | |  |
| Person Responsible for Guest (contact): | |  |

**Purpose and Focus of the Visit:**

**Obligatory Attachments to the Application Form**

1/ Applicant´s CV

2/ Proof of health insurance for the period of the Visit valid in the Czech Republic

*The Person responsible will inform the Guest about the FA CTU safety instructions. By his/her signature the Guest commits to follow them. If an Entry Card is needed it is to be arranged by the Hosting Department. The Guest ensures his/her accommodation him/herself. He/she can also use the accommodation facilities of CTU at ubytovani@suz.cvut.cz in the price category of Self-payers. For more assistance, please contact jarmila.vokounova@fa.cvut.cz.*

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Guest’s Signature: |  |

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**For the FA CTU to fill in:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date: |  | | Head of the Department: |  |
| Date: |  | Vice-dean for International Relations: | |  |