**CZECH TECHNICAL UNIVERSITY IN PRAGUE**

**Faculty of Architecture**

International Office

Thákurova 9, 166 34 Prague 6, Czech Republic

e-mail: novotna@fa.cvut.cz tel.:+420 224 356 224

**Application Form**

**For the Master Degree Study Programme**

**Research Internship**

Study language: [ ]  EN (for Czech, see the form in Czech)

|  |  |
| --- | --- |
| 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: |       |
| State: |       | Year of master study initiation: |  |
| Thesis theme: |  |
|  |
| Tutor (Name, Surname, E-mail, Telephone): |       |
|  |

**Research internship at the FA CTU:**

|  |  |
| --- | --- |
| Preferred date of the research internship: |       |
| Thesis theme: |       |
|  |
| Preferred tutor, if known: |       |

**For Studying in English:**

|  |  |
| --- | --- |
| [ ]  | Self-Paying Student |
| [ ]  | Visegrad Fund Scholarship |
| [ ]  | Another Scholarship Source (please indicate):  |  |

I request a self-paid accommodation at the university dormitory: [ ]  yes [ ]  no

**Obligatory Attachments to the Application Form**

|  |  |
| --- | --- |
| 1/ |  Confirmation of master degree study by the home institution  |
| 2/ | Letter of recommendation |
| 3/ | Motivation statement |
| 4/ | Research internship content and plan |
| 5/ | Applicant´s CV - including digital portfolio |
| 6/ | Applicant´s proof of language skills CZ/EN |
| 7/ | Proof of health insurance for the period of the research internship valid in the Czech Republic |

**For self-paying applicants:**

 8/ Proof of the administrative fee payment of 50 € to the following bank account:

Komerční banka, a.s., Dejvická 52, 160 00 Prague 6, Czech Republic

number of account.: 19-5505650247/0100

IBAN: CZ 6601000000195505650247

SWIFT (BIC): KOMBCZPPXXX

Variable symbol: 15000

I certify that the information given on this form and attached documents are correct and I am aware, that the administration period of this application is 30 days.

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |       | Applicant’s Signature |  |

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

|  |  |
| --- | --- |
| Admitting Department at the FA CTU: |       |
| Commissioned Tutor: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |       | Head of the department´s signature: |  |

I agree with the admission of the master degree student to a research internship at the FA CTU

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |       | Signature of the Vice-dean for International Relations |  |