**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 |  |