Surname: …………………………………………………………………… Name: ………………………………………………………………………

Date of birth: ……………………………………………………….. Place of birth: …………..……………..…………………………………..

Birth number: ……………………………………………………………….

Address: ……………………………………………………………………………………………………………………....…………………………………

E-mail: ……………………………………………………………………… Phone: …………………………..…………………………………………..

Highest education: ……………………………………………………..

Variable symbol in case of acceptance of the application form – date of birth (DDMMYYYY): ………………………………

I am interested in studying the following subjects in the academic year: ………..………….in summer semester

Study program: Systematic Integration of Processes in Healthcare

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject Code** | **Name of the subject** | **Credits** | **Completion** |
| F7AMSVZ2 | Public Healthcare II. (subject registration prerequisite F7AMSVZ1) | 4 | z, zk |
| F7AMSEZZ | Economy of Healthcare Facilities | 3 | z, zk |
| F7AMSHZT | Health Technology Assessment | 4 | z, zk |
| F7AMSPLPT | Overview of Medical Devices | 4 | z, zk |
| F7AMSRP | Annual Project | 2 | z |
| F7AMSZSED | Medical Systems and their Economic Dimension | 4 | z, zk |
| F7AMSBE | Business English | 2 | kl. z |
| F7AMSOP | Professional Training | 2 | z |
| F7AMS??? | Compulsory optional course – group A: | 3 | kl. z |
| F7AMS??? | Compulsory optional course – group B: | 2 | kl. z |

Total credits: 30

I represent that I am currently not a student of any study program at the Faculty of Biomedical Engineering and that none of my studies are suspended.

Date: ……………………………. Signature:……………………..…………………….

Checked on behalf of the study department: ………………………Date: ……………… Signature: ………………………………….

Decision of the Vice-Dean for Studies and Pedagogy: ………………………………………………………………….

Date: ……………………………… Signature: …………………………………………….