Please attach passport photo

INTERNATIONAL STUDENT APPLICATION FORM

PERSONAL DATA

Family Name

First Name(s)

Date of Birth

Country of Birth

Nationality/Citizenship

Country of residence:

Sex: Male\_\_\_\_\_\_/ Female\_\_\_\_\_

Passport No.

Mailing Address:

Phone:

E-mail:

Mobile:

Father – family name, first name(s), permanent address, year of birth, occupation, nationality, citizenship:

Mother – family, first name(s), permanent address, year of birth, occupation, nationality, citizenship:

EDUCATIONAL HISTORY

Secondary/High School duration

Primary school education duration

Year of graduation high school/College

Please indicate the achieved grade point average and maximum grade according to the official academic grading scale

Chemistry – average Maximum

Biology – average Maximum

Physics - average Maximum

Overall secondary/high school grade – average Maximum

Final exam (if applicable): – average Maximum

Have you ever been dismissed from a college or placed on academic probation? Yes / No

If so, please explain:

ENGLISH LANGUAGE PROFICIENCY

* TOEFL
* IELTS
* CAE
* Other
* Please indicate your test score (if applicable):
* I am applying without an English language Test - I have graduated from an English-speaking secondary school or college
* I do not need to do the English Language Test, English is my first language.

ADDITIONAL INFORMATION

Who should we contact in case of emergency?

Name:

Address:

Telephone no:

DECLARATION OF PSYCHOPHYSICAL ABILITIES

I hereby declare under penal and material responsibility that I am psychophysically capable of attending the academic courses at the University of Rijeka Faculty of Dental Medicine and that I have no history of mental illnesses that might impair my normal functioning as a medical doctor.

Signature Date

Note: Any false or misleading information supplied by an applicant will be grounds for withdrawing any acceptance issued or future dismissal from the University of Rijeka Faculty of Dental Medicine.

**Please ensure that you have enclosed documents required :**

|  |  |  |
| --- | --- | --- |
| No. | Name of the document | Mark with sign “x” if enclosed |
| 1. | Completed International\_student\_application\_form DME (fill in the form exclusively by computer, do not enter data manually) |  |
| 2. | Registration on national application system [www.postani-student.hr](http://www.postani-student.hr) |  |
| 3. | Certificates of higher courses or degrees (college/university) if any |  |
| 4. | Officially attested English translation of their secondary school/ graduation certificates if these have not been originally written in English or Croatian |  |
| 5. | Curriculum vitae in English (Europass) |  |
| 6. | 2 photographs, 4×6 cm (not older than six months) |  |
| 7. | Confirmation of the payment of the Application fee (250,00 Euro) |  |
| 8. | Original or certified copy of the birth certificate (domovnica, rodni list, originals, and copy of your ID for Croatian citizens) |  |
| 9. | Statement of financial support |  |
| 10. | English language proficiency certificate (TOEFL, IELTS). Cambridge and Oxford English language exams and certificates issued by (foreign) language schools (B2 level) are also accepted, as well as certificates of English language proficiency issued by a secondary school a candidate attended. |  |
| 11. | Form for issuing smart-x card |  |

**BANK ACCOUNT**:

Account holder: The University of Rijeka

IBAN: HR5324020061100977786

MODEL: HR00, REFERENCE NUMBER: **7**-OIB NUMBER/ID NUMBER

Bank: ERSTE&STEIERMÄRKISCHE BANK d.d.,  
SWIFT: ESBCHR22

As payment description please list: Application fee - Last name

**APPLICATION N FORM\***

Application form for The Psychomotor Ability Test for enrollment into the first year of the University Integrated Undergraduate and Graduate Study of Dental Medicine in English at the Faculty of Dental Medicine, University of Rijeka, the academic year 2025/2026

First name:

Last name:

Address:

Passport no.:

Phone:

Mobile phone number

Mobile phone model

Operating system and version (year)

E-mail:

2025 Applicant's Signature

*(Day and month*) \_

**\*To be enclosed with this application:**

* Proof of payment for the Application fee
* Application form should be printed and filled out completely by computer, not manually
* Please send this form on e-mail: [englishdental@fdmri.uniri.hr](mailto:englishdental@fdmri.uniri.hr)