

# International student application form



<b>2026/2027</b> APPLICATION No.	University of Zagreb School of Dental Medicine Gundulićeva 5 10000 Zagreb Croatia Phone: (01) 4802 111 Fax: (01) 4802 159 <a href="http://www.sfzg.unizg.hr">www.sfzg.unizg.hr</a>	
PERSONAL DATA		
Given Name		
Family Name		
Date of Birth		
Country of Birth		
Nationality / Citizenship		
Sex: Male / Female		
Marital Status		
Passport Information	Country of Origin	
	Passport Number	
Social Security / Personal Identification Number		
Mailing Address		
Phone		
Email		
Father - surname, first name, permanent address, year of birth, occupation, nationality, citizenship		
Mother - surname, first name, permanent address, year of birth, occupation, nationality, citizenship		

EDUCATIONAL INFORMATION			
Secondary / High School Attended			
Year Finished			
Cumulative GPA			
Level	Undergraduate Level <input type="checkbox"/>		Graduate Level <input type="checkbox"/>
Please indicate the required pre-med courses that you have completed:		Credits	Grade
	Chemistry		
	Biology		
	Physics		
ENGLISH LANGUAGE PROFICIENCY			
I have completed the English language test attached:	Test		Score (if applicable)
	TOEFL <input type="checkbox"/>		
	IELTS <input type="checkbox"/>		
	CAE <input type="checkbox"/>		
I am applying without an English language test and would like my previous education considered as evidence of my English language	<input type="checkbox"/>		
I do not need to do the English language test. English is my first language.	<input type="checkbox"/>		
DECLARATION OF PSYHOPHYSICAL FITNESS			
I hereby declare under penal and material responsibility that I am psychophysically fit for attending the course of medical studies at the School of Dental Medicine, University of Zagreb and that I have no history of mental illnesses that might impair my normal functioning as a doctor of dental medicine.			
Signature		Date	
DECLARATION AND SIGNATURE			
I certify that the information submitted in these application materials is complete and accurate to the best of my knowledge.			
Signature		Date	
Note: any false or misleading information supplied by an applicant will be grounds for the withdrawing any acceptance issued or future dismissal from the School of Dental Medicine, University of Zagreb.			