**Charles University in Prague**

 **Faculty of Law**

**Application Form for LL.M. Study Programme**

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**For academic period starting from October 202\_ ┌ ┐**

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| --- | --- |
| Surname: | First name: |

1. **Chosen Specialization:**

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| ○ **Specialization I – Law in Business from the European Perspective** |
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| **○ Specialization II – International Human Rights Law and Protection of Environment** |
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| **○ Specialization III – Health and Law** |

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| ○ **Specialization IV – International Disputes Settlement** |
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| **○ Specialization V – Competition Law** |

(Applicant´s file will be reviewed only with respect to the chosen Specialization).

**2) Personal Details:**

|  |  |
| --- | --- |
| Date of birth:*(DD/MM/YYYY)* | Gender: female ○ male ○Place of birth:  |
| Nationality: | Passport number: |
| Permanent address: |
| Address for correspondence (if different from above): |
| Telephone: | E-mail: |

**3) Previous University Studies:**

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| --- | --- | --- | --- |
| Name of university: | Enrolled since: | Major subject: | Degree obtained: |
|  |  |  |  |

**4) Emergency Contact Person:**

|  |  |
| --- | --- |
| Name: | Relationship: |
| E-mail address: | Telephone: |
| Contact address: |

5) Language Proficiency Information:

 *Please indicate which languages you speak and your level of proficiency.*

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**6)** **In accordance with the Admission Criteria the Applicant is required to attach the following documents to this Application Form:**

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| --- | --- |
| CV |  |
| Verified copy of the university diploma |  |
| Motivation Letter |  |
| Proof of efficiency in the English language |  |
| Confirmation of the payment (200 USD) |  |
| List of publications (only if applicable) |  |

I confirm that the information which I have given in this application is complete and true.

I hereby grant permission to Charles University, residing in Ovocný trh 560/5, 116 36 Prague 1, company registration No.: 00216208, acting as a controller of personal data of all faculties and other parts of CU, to process my personal data: name, surname, title/s, date of birth, address of residence/correspondence, email address, previous academic records, phone number, emergency contacts, ID/passport details for the purposes of application for the LL.M. programme and for the purposes of keeping due academic records in the LL.M. agenda in electronic and/or paper file. I grant the consent for the period of 20 years and I am aware of the fact that it is not possible to remove the data retroactively from the printed materials and basic personal data of LL.M. candidates will be archived. I grant this consent based on my own and free will, acknowledge that I can anytime revoke this consent by email to llm@prf.cuni.cz.

Date and place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_