



SUMMER SCHOOL OF SLAVONIC STUDIES 2026 – ČESKÉ BUDĚJOVICE

APPLICATION FOR THE SELF-PAYERS

1. INFORMATION ABOUT THE APPLICANT (Please fill in this form using capital letters.)

Surname(s)			
First name(s)			
Academic Degree			
Gender	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	<input type="checkbox"/> NON-BINARY
Date of birth	(day)	(month)	(year)
Place of birth			
Citizenship			

Photo

Permanent Residence Address:

Street and House No.	
City and Postal code	
Country	

Contact Address:

Street and House No.	
City and Postal code	
Country	

E-mail	
Telephone number	(incl. country and city code)
Occupation	(e.g. student, employee etc.)
Present employer/institution	
Passport number / ID card number	



2. LEVEL OF APPLICANT'S CZECH LANGUAGE SKILLS

<input type="checkbox"/> Elementary level	<input type="checkbox"/> Low-intermediate level
<input type="checkbox"/> Intermediate level	<input type="checkbox"/> Advanced level

Describe your experience with the Czech language:

Where did you study the Czech language, for how long and what study programme?
(if applicable)

What are your interests related to the Czech language or culture? (*linguistics, literature, history etc.*)

Have you participated at the Summer School of Slavonic Studies before?

Yes, three or more times Yes, twice Yes, once No, never

3. FURTHER INFORMATION

Dietary restrictions (optional) * <input type="checkbox"/> YES <input type="checkbox"/> NO Specification (optional):	I request accommodation in hall of residence (student dormitory) ** <input type="checkbox"/> YES <input type="checkbox"/> NO
----------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------

* Applicants who wish to utilize catering provided by the Summer School course organizers are advised to consider specifying their requirements in advance.

** Whether there is a possibility to request a single room in the accommodation, the self-payer gets a single room.

Other requests:



4. IMPORTANT

Health insurance is NOT provided. Self-payers are advised to arrange a medical insurance policy for the period of their stay in the Czech Republic. More information can be provided by the consular section of the Czech Embassy in your country; EU/EEA medical insurance system is described on the website of the [Health Insurance Bureau](#).

Visa – Information on the conditions of entry and residence of foreign nationals in the Czech Republic is available on the website of the Ministry of Foreign Affairs of the Czech Republic at: https://www.mzv.cz/jnp/en/information_for Aliens/index.html

5. ANNEXES

Curriculum Vitae in Czech, English or German

Copy of passport

6. DECLARATION

By filing this application for the Faculty of Arts, University of South Bohemia in České Budějovice, I hereby acknowledge that my personal data provided in the application form and attachments thereto submitted for the purpose of selection proceedings by the Department of Czech for Foreigners, to the extent that is necessary to address my application, in compliance with the Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation).. I also acknowledge that my personal data will be stored in analogue documents as well as in digital form by the Department of Czech for Foreigners for a strictly necessary period stipulated in their respective File Retention and File Destruction Rules.

In *Place* *Date* *Signature*