

APPLICATION FORM FOR POST GRADUATE STUDENTS

Full name: _____

Address: _____

Personal Identification Number:

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Name of Higher Education Institution: _____

Name of Enrolled Postgraduate Program: _____

(study, major, specialization)

Thesis topic (if applicable): _____

DATA ON POSTGRADUATE STUDY (to be certified by the responsible person at the higher education institution)

Year of first enrolment in postgraduate study level: ____

Duration of study: _____ semesters.

The student is currently enrolled in the _____ semester.

If the student is enrolled in the first semester of postgraduate study for the first time, the remaining fields do not need to be completed.

Grade point average (GPA) of all passed exams (three decimals): _____

Total number of earned ECTS credits: _____

The student has on average passed more than 27 ECTS credits per active semester of study:

YES / NO

.....
(Place and date of data verification)

M.P.

.....
(Signature of the responsible person at the higher education institution)

.....
(Student signature – full name)

TURN THE PAGE!

DATA ABOUT FINALIZED GRADUATE STUDY

Full name: _____

Address: _____

Personal Identification Number OIB:

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Name of Higher Education Institution: _____

Name of the completed Graduate study Program: _____

(study, major, specialization)

Completed GRADUATE STUDY DATA (to be certified by the responsible person at the higher education institution)

Year of the first graduate study enrolment: _____

Duration of study: ____ semesters.

The date when the study was completed: _____

Grade point average (GPA) of all passed exams (three decimals) _____

Average GPA of all students in the cohort in which the student was enrolled: * _

Total number of earned ECTS credits: _____

The student had on average passed more than 27 ECTS credits per active semester of study:

YES / NO

The student rank: ____ out of a total of ____ students in the cohort based on GPA.*

* Refers to all students who have finalized study in the same academic year.

.....
(Place and date of data verification)

M.P.

.....
(Signature of the responsible
person at the higher education
institution)

.....

(Student signature – full name)

TURN THE PAGE!

DATA ABOUT FINALIZED UNDERGRADUATE STUDY

Full name: _____

Address: _____

Personal Identification Number OIB:

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Name of Higher Education Institution: _____

Name of Enrolled Program: _____

(study, major, specialization)

UNDERGRADUATE STUDY DATA (to be certified by the responsible person at the higher education institution)

Year of first enrolment: _____

Duration of study _____ semesters.

The date when the study was completed: _____

Grade point average (GPA) of all passed exams (three decimals) _____

Average GPA of all students in the same cohort: _____

Total number of earned ECTS credits: _____

The student has on average passed more than 27 ECTS per semester of study:

YES / NO

According to GPA, the student ranks ____ out of a total of ____ students in the cohort*

* Refers to all students who have completed study in the same academic year.

.....
(place and date of data verification)

M.P.

.....
(signature of the responsible person)

.....

(Student signature – full name)

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