**EXCHANGE STUDENT ENROLMENT FORM**

**THE FACULTY OF POLITICAL SCIENCE**

**UNIVERSITY OF ZAGREB**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. | LAST NAME(S) | |  | |
| 2. | GIVEN NAME(S) | |  | |
| 3. | DATE OF BIRTH (D/M/Y) | |  | |
| 4. | SEX | |  | |
| 5. | PLACE, POSTAL CODE AND COUNTRY **OF BIRTH** | |  | |
| 6. | NATIONALITY | |  | |
| 7. | MOTHER'S NAME | FATHER'S NAME |  |  |
| 8. | THE SENDING INSTITUTION (FULL NAME, PLACE AND COUNTRY) | |  | |
| 9. | INTERNATIONAL EXCHANGE PROGRAM (ERASMUS+, CEEPUS, BILATERAL) | |  | |
| 10. | ACCEPTANCE DATE (ACCEPTANCE LETTER): | |  | |
| 11. | PLANNED PERIOD OF THE MOBILITY | |  | |
| 12. | DEPARTMENT OF STUDY (JOURNALISM OR POLITICAL SCIENCE) | |  | |
| 13. | LEVEL OF STUDY (UNDERGRADUATE OR GRADUATE STUDIES) | |  | |
| 14. | EMAIL ADDRESS, PHONE NUMBER | |  | |

Place and date: Zagreb, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(To be signed upon arrival)**