|  |  |  |  |
| --- | --- | --- | --- |
| **APPLICATION FOR MASTER'S STUDIES** | | | |
| **Study program:** |  | | |
| **Name:** |  | **Sex:** | |
| **Surname:** |  | **Citizenship - Country:** | |
| **Family name:** |  | **Marital status:** | |
| **Degrees (following the name):** |  | **Health status**  **(special needs):** | |
| **Birth information:** | **Day:** | **Number of passport:** | |
| **Month:** | **(or) ID card number\*:** | |
| **Year:** | **Birth number:** | |
| **Place:** |  | |
| **Permanent address,**  **Contacts:** | **Country:** | **E-mail:** | |
| **City:** | **Phone\*:** | |
| **Street:** | **Contact adress\*:** | |
| **Post Code:** |  | |
| **Education:** | **University/College:** | **Year of Graduation:** | |
| **City:** | **Subject/Field:** | |
| **The applicant is studying now:** | **Year of presumed end:** | |
| **City:** | **Subject/Field:** |  |
|  | | |

**\*no need**

**In (City) ………………………. Date……………………. Signature……………………**