



Sveučilište u Mostaru | Universitas Studiorum Mostariensis Adresa: Trg hrvatskih velikana 1, 88000 Mostar, Bosna i Hercegovina Telefoni: + 387 36 310 778, + 387 36 327 815, + 387 36 337 070 Faks: + 387 36 320 885 E-mail: mail@sum.ba Internet: www.sum.ba Žiro račun (KM) kod Unicredit Bank dd Mostar 3381002200519712

UNIVERSITY OF MOSTAR

APPLICATION FORM FOR STUDENT EXCHANGE 20_/20_

NAME:		
DATE OF BIRTH		
PLACE AND STATE OF BIRTH		
CITIZENSHIP		
ID CARD / PASSPORT NUMBER		
SEX	М	F
CURRENT ADDRESS (street, city)		-
PERMANENT ADDRESS (if different) (street, city)		
TELEPHONE AND MOBILE PHONE		
E-mail (only 1 valid address), preferably containing name and last name		
NAME AND ADDRESS OF THE FACULTY YOU ARE STUDYING AT		
TYPE OF STUDY	VOCATIONAL	UNIVERSITY
STUDY PROGRAMME		
CURRENT YEAR AND LEVEL OF STUDY (UNDERGRADUATE, GRADUATE, PHD)		
GRADE POINT AVERAGE		
HAVE YOU ALREADY BEEN STUDYING ABROAD? IF YES, AT WHICH UNIVERSITY?		
I WISH TO APPLY FOR A STUDENT EXCHANGE A	Т:	
HIGHER EDUCATION INSTITUTION (UNIVERSITY) AND COUNTRY		
FACULTY		
STUDY PROGRAMME AND AREA CODE (e.g. 340 Business Studies)		
TERM (SPRING OR WINTER) with expected dates of arrival and departure, if possible		
DURATION IN MONTHS		



Signature:



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	PURPOSE OF YOUR STAY (please indicate): either a) or b) or both		
**	•		
a) ATTENDANCE OF COURSES			
(if yes, please specify the courses you would like			
to attend)			
HAS THE ECTS COORDINATOR AT YOUR			
FACULTY CONFIRMED THE COMPATIBILITY OF			
THE STUDY PROGRAMMES?			
NAME AND CONTACT OF ECTS COORDINATOR			
AT YOUR FACULTY			
b) RESEARCH FOR WRITING FINAL THESIS (if			
yes, please give the name of the mentor at the			
home institution and specify the area you would			
like to do research in)			
HAVE YOU ALREADY FOUND THE MENTOR AT			
THE HOST INSTITUTION?			
DOUBLE FINANCING			
DOODLE ! II WILLIAM			
Thereby state, under criminal and material responsi	bility, that my study period abroad shall not be financed by other sources originating		
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<u>Signature:</u>	Signature:		
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