

**UNIVERSITY OF MOSTAR**
**APPLICATION FORM FOR STUDENT EXCHANGE 2024/2025**

NAME:		
DATE OF BIRTH		
PLACE AND STATE OF BIRTH		
CITIZENSHIP		
ID CARD / PASSPORT NUMBER		
SEX	M	F
CURRENT ADDRESS (street, city)		
PERMANENT ADDRESS (if different) (street, city)		
TELEPHONE AND MOBILE PHONE		
E-mail ( <b>only 1 valid address</b> ), 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 AT:**

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	
PURPOSE OF YOUR STAY (please indicate): either a) or b) or both	
<b>a) ATTENDANCE OF COURSES</b> (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>b) RESEARCH FOR WRITING FINAL THESIS</b> (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

I hereby state, under criminal and material responsibility, that my study period abroad shall not be financed by other sources originating from the EU funds.

Signature:

### APPENDIXES

Appendixes to be submitted to this application form:

- 1) CV in English (available at: <https://europass.cedefop.europa.eu/editors/hr/cv/compose>)
- 2) transcript of records in Croatian/English
- 3) motivation letter in English
- 4) certificate of foreign language knowledge

Place and date:

Signature: