**EXCHANGE STUDENT ENROLMENT FORM**

**THE FACULTY OF POLITICAL SCIENCE**

**UNIVERSITY OF ZAGREB**

|  |  |  |
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| 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)**