

UNIVERSITY OF TOURISM AND MANAGEMENT SKOPJE



FACULTY OF 9B HF 9DF 9B 9I F =5@6I G=B 9GG

Application number_____

APPLICATION FORM FOR POSTGRADUATE STUDIES IN THE ACADEMIC YEAR 2018/2019

| INFORMATION ABOUT THE STUDENT | | | | |
|--------------------------------------|---|--|------------|------------|
| 1. | Surname, father's name, name | | | |
| 2. | Date, place of birth | | | |
| 3. | Personal identification number | | | |
| 4. | Gender | | □male | □female |
| 5. | Place of residence | Address | | |
| | | Municipality | | |
| | | State | | |
| 6. | Contact information | Home number | | |
| | | Mobile | | |
| | | e-mail | | |
| 7. | Citizenship | | | |
| 8. | Nationality | | | |
| 9. | Previous level of education | Name of the institution | | |
| | | Vocation | | |
| | | Results obtained from the years of study | | |
| | | Year of finished studies | | |
| | | Language of studies | | |
| | | Foreign languages | | |
| | | Country | | |
| 10. | Manner of studies | | □Full time | □Part time |
| 11. | *Information about the employed students | Company | | |
| | | Contact info | | |
| Information about one of the parents | | | | |
| 12. | Name and Surname | | | |
| 13. | Vocation | | | |
| 14. | Employed in | | | |
| 15. | Contact info | | | |
| 16. | Valid address | | | |

*For part time students

Skopje, _____ 201_

Student's signature