

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