UNIVERSITY OF TOURISM AND MANAGEMENT SKOPJE

FACULTY OF INFORMATION TECHNOLOGY

Application number_____

APPLICATION FORM
FOR POSTGRADUATE STUDIES

	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, _____ 20S_

_____   _____
Student's signature   Authorized signatory