



UNIVERSITY OF SKOPJE



FACULTY OF TOURISM

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 <input type="checkbox"/> male <input type="checkbox"/> 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 <input type="checkbox"/> Full time <input type="checkbox"/> 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