**Please sign me up for the admission openings for Postgraduate Specialist studies for the academic year 2018/2019**

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| **NAME OF THE STUDY** | **POSTGRADUATE SPECIALIST STUDIES** |
| **STUDY TRACK** (circle number) | 1. Uzgoj i patologija divljači/Game Breeding and Pathology
2. Teriogenologija domaćih sisavaca/Theriogenology of Domestic Mamals
3. Uzgoj i patologija laboratorijskih životinja/Breeding and Pathology of Laboratory Animals
4. Patologija i uzgoj domaćih mesoždera/Pathology and Rearing of Domestic Carnivores
5. Sanitacija/Sanitation
6. Higijena i tehnologija hrane životinjskog podrijetla/Hygiene and Technology of Food of Animal Origin
7. Proizvodnja i zaštita zdravlja svinja/Production and Health Protection of Swine
8. Unutarnje bolesti/Internal Diseases
9. Kirurgija, anesteziologija i oftalmologija s veterinarskom stomatologijom/Surgery, Anesthesiology, Ophthalmology and Dentistry
10. Mikrobiologija i epizootiologija/Microbiology and Epizootiology
11. Uzgoj i patologija egzotičnih kućnih ljubimaca/Breeding and Pathology of Exotic Pet Animals
12. Dobrobit životinja/Animal Welfare
13. Veterinarska patologija/Veterinary Pathology
14. Provedba veterinarskih postupaka u klaoničkom objektu/Implementation of Veterinary Food Safety Procedures in a Slaughtering Facility
15. Sudsko veterinarstvo/Forensic Veterinary Medicine
16. Menadžment reprodukcijskog zdravlja mliječnih krava/Reproductive Health Management in Dairy Cows
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| **NAME** |  |
| **SURNAME** |  |
| **FATHER'S OR MOTHER'S NAME** |  |
| **PLACE AND DATE OF BIRTH** |  |
| **PERSONAL IDENTIFICATION NUMBER (MANDATORY)** |  |
| **EMAIL** |  |
| **CITIZENSHIP**  |  |
| **CITIZENSHIP (2)** |  |
| **NATIONALITY**  |  |
| **ADDRESS OF RESIDENCE**  |  |
| **TELEPHONE**  |  |
| **CELL PHONE**  |  |

|  |  |
| --- | --- |
| **NAME OF EMPLOYER**  |  |
| **ADRESS**  |  |
| **EMAIL**  |  |
| **TELEPHONE**  |  |

|  |  |
| --- | --- |
| **NAME OF GRADUATED FACULTY/UNIVERSITY** **OBTAINED DEGREE/TITLE NAME** **PLACE AND YEAR** |  |

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| **THE COST OF THE STUDIES WILL BE COVERED BY** |
| **THE EMPLOYER (ADDRESS AND PIN NUMBER OF EMPLOYER)** | **PERSONAL** |

**ATTACHMENTS OF THE ENTRY:**

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| --- |
| **APPLICATION** |
| **CV-EUROPASS** |
| **GRADUATED FACULTY’S DIPLOMA CERTIFICATE (notarized copy)** |
| **OFFICIAL ACADEMIC TRANSCRIPT** |
| **CERTIFICATE OF NATIONALITY (original and copy)** |
| **WRITTEN AGREEMENT OR STATEMENT OF PAYMENT OBLIGATION FOR TUITION COSTS AND EXPENSES (provided by the applicant or the applicant's employing institution)** |
| **BIRTH CERTIFICATE** |
| **CERTIFICATE IN ENGLISH PROFICIENCY**  |
| **FOREIGN ACADEMIC DEGREES AND DIPLOMAS SHOULD BE VALIDATED AND RECOGNIZED BY THE AUTHORIZED PERSONNEL OF ZAGREB UNIVERSITY** |

Date of application \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Applicant signature