**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** |  |

|  |  |
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| **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