I HEREBY APPLY TO THE CALL FOR APPLICATIONS FOR ENROLLMENT IN POSTGRADUATE MASTER STUDIES IN ACADEMIC YEAR 2023/2024

NAME	
SURNAME	
MAIDEN NAME	
NAME OF FATHER OR MOTHER	
PLACE AND DATE OF BIRTH	
OIB-PERSONAL IDENTIFICATION NUMBER (OBLIGATORY)	
CITIZENSHIP	
CITIZENSHIP (2)	
NATIONALITY	
ADDRESS OF RESIDENCE	
CITY AND POSTAL CODE	
STATE	
Contact telephone	
Mobile phone	
E-mail	
NAME OF THE FACULTY FROM WHICH I GRADUATED AND THE TITLE ACQUIRED	
Place and year of graduation	

NAME OF EMPLOYER	
Address	
City and postal code	
E-mail	
Telephone	

TYPE OF STUDY	POSTGRADUATE MASTER STUDIES	
NAME OF STUDY/SPECIALISATION FOR WHICH THE CNADIATE APPLIES (please circle the respective number)	 Agri Food Chain Microbiology Farm Animal Welfare Farm Biosecurity Forensic Veterinary Medicine Health Protection in Breeding and Production of Small Ruminants Honeybee Health Protection Laboratory Animal Medicine Pig Production and Health Management Reproduction in Farm Animals, Equines and Small Animals Small Animal Emergency and Critical Care Medicine Veterinary Epidemiology Veterinary Pathology Veterinary Physical Therapy and Rehabilitation – Certified Canine Rehabilitation Practitioner (CCRP) 	
	 Laboratory Animal Medicine Pig Production and Health Management Reproduction in Farm Animals, Equines and Small Animals Small Animal Emergency and Critical Care Medicine Veterinary Epidemiology Veterinary Pathology Veterinary Physical Therapy and Rehabilitation – Certified 	

TUITION FEES FOR THE STUDY WILL BE PAID BY						
1) EMPLOYER (please state the address and OIB number for the employer)	2) ME PERSONALLY					

- 1. Application form
- 2. Motivation letter
- 3. Certified copy of the diploma of a completed university undergraduate and graduate study, i.e. of completed university integrated undergraduate and graduate study
- 4. A transcript of grades from the university undergraduate and graduate study, i.e. university integrated undergraduate and graduate study
- 5. Confirmation of the applicant on the payment of the tuition fee
- 6. Curriculum vitae
- 7. University of Zagreb's decision on recognising foreign higher education qualifications or a Confirmation by the University of Zagreb on the submitted documentation

Application submission date:	 _2023	
		Handwritten signature of the applicant