**I HEREBY APPLY TO THE CALL FOR APPLICATIONS**

**FOR ENROLLMENT IN POSTGRADUATE MASTER STUDIES**

**IN ACADEMIC YEAR 2025/2026**

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| **NAME** |  |
| **SURNAME** |  |
| **MAIDEN NAME** |  |
| **NAME OF FATHER OR MOTHER** |  |
| **PLACE AND DATE OF BIRTH** |  |
| **PERSONAL IDENTIFICATION NUMBER (OBLIGATORY)** |  |
| **CITIZENSHIP** |  |
| **CITIZENSHIP (2)** |  |
| **NATIONALITY** |  |

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| --- | --- |
| **ADDRESS OF RESIDENCE** |  |
| **CITY AND POSTAL CODE** |  |
| **STATE** |  |
| **Contact telephone** |  |
| **Mobile phone** |  |
| **E-mail** |  |

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| **NAME OF THE FACULTY FROM WHICH I GRADUATED AND THE TITLE ACQUIRED** |  |
| **Place and year of graduation**  |  |

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

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| **TYPE OF STUDY** | **POSTGRADUATE MASTER STUDIES** |
| **NAME OF STUDY/SPECIALISATION FOR WHICH THE CNADIATE APPLIES****(please circle the respective number)** | 1. **Agri Food Chain Microbiology** 2. **Forensic Veterinary Medicine** 3. **Health Protection in Breeding and Production of Small Ruminants**4. **Honeybee Health Protection**5. **Pig Production and Health Management**6. **Reproduction in Farm Animals, Equines and Small Animals**7. **Small Animal Emergency and Critical Care Medicine**8. **Veterinary Epidemiology** 9. **Veterinary Pathology**10. **Veterinary Physical Therapy and Rehabilitation – Certified Canine Rehabilitation Practitioner (CCRP)** 11. **Wildlife Health and Management**  |

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

**I ATTACH THE FOLLOWING DOCUMENTS TO THIS APPLICATION:**

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| 1. Application form 2. Motivation letter3. Certified copy of the diploma of a completed university undergraduate and graduate study, i.e. of a completed university integrated undergraduate and graduate study4. A transcript of grades from the university undergraduate and graduate study, i.e. university integrated undergraduate and graduate study5. Confirmation of the applicant on the payment of the tuition fee6. Curriculum vitae7**.** University of Zagreb’s decision on recognising foreign higher education qualifications or a Confirmation by the University of Zagreb on the submitted documentation |

By placing my signature to this document, I confirm that I have submitted all necessary documents as originals or officially certified copies.

Application submission date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2025

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 Handwritten signature of the applicant