**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 letter  3. Certified copy of the diploma of a completed university undergraduate and graduate study, i.e. of a 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 |

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