

INTERNATIONAL STUDENT APPLICATION FORM

| PERSONAL INFORMATION | |
|--|--|
| Given Name | |
| Family Name | |
| Date of Birth | |
| Country of birth | |
| Nationality/Citizenship | |
| Sex: Male/Female | |
| Marital Status | |
| Father - surname, first name, permanent address, year of birth, occupation, nationality, citizenship: | |
| Mother – surname, first name, permanent address, year of birth, occupation, nationality, citizenship: | |
| Passport number | |

| CONTACT INFORMATION | |
|--|--|
| Mobile phone | |
| E-mail address (It is crucial that you provide functional e-mail address, you might provide more than one e-mail address) | |
| Phone number | |
| Postal address | |
| Street name and number | |
| ZIP code | |
| City | |
| State/Country | |

| EDUCATIONAL HISTORY | NAME OF INSTITUTION | TEST SCORE / GPA GRADE | | | | Year of completion |
|--|---------------------|------------------------|----------------------|----------------------|----------------------|--------------------------|
| | | Chemistry | Biology | Physics | | |
| Completed secondary education | | | | | | |
| | | | | | | |
| State graduation result | | | | | | |
| English language from high school | | 1 st year | 2 nd year | 3 rd year | 4 th year | |
| | | | | | | |
| Test of English as a Foreign Language (TOEFL) | | | | | | |
| International English Language Testing System (IELTS) | | | | | | |
| Certificate in Advanced English (CAE) | | | | | | |
| I am applying without an English language Test and would like my previous education considered as evidence of my English language. | | | | | | <input type="checkbox"/> |
| I do not need to do the English Language Test. English is my first language. | | | | | | <input type="checkbox"/> |
| Other | | | | | | |

| WORKING EXPERIENCE (list most important) | | |
|--|----------|----------------|
| Name of the institution | Position | Working period |
| | | |
| | | |
| | | |
| | | |

DECLARATIONS

- ✓ I hereby declare under penal and material responsibility that I am psychophysically fit for attending the course of medical studies at the School of Medicine University of Mostar and that I have no history of mental illnesses or conditions that might impair my normal functioning as a student or medical doctor. If you have any special conditions please list them here and provide adequate documentation:

- ✓ Such listing will not negatively impact your application, but is necessary for organizational purposes. No additional requests based on student's condition will be allowed during academic year.
- ✓ I hereby declare that I have financial capacity to cover tuition fee and other expenses during studying period.
- ✓ I certify that the information submitted in these application materials is complete and accurate.

SIGNATURE: _____ **DATE:** _____

Notes:

Any false or misleading information supplied by an applicant will be grounds for withdrawing any acceptance issued or future dismissal from the School of Medicine University of Mostar.

MEFMO has right to verify submitted documents.

Candidates are responsible that all documentation is received by MEFMO central office by 14:00 p.m., on July 10th, 2018. Late applications will not be considered.