



zagrebačka
škola ekonomije
i managementa
zagreb school
of economics
and management

Application form for Exchange students
Only for students who are enrolled at ZSEM
Academic year: 20____/20____

Paste
your
photo
here

Student's personal information:

Date (dd/mm/yyyy): _____

Surname(s) as in passport: _____

First Name(s) as in passport: _____

Gender: Male () Female ()

Date of birth (dd/mm/yyyy): _____ City and country of birth: _____

e-mail: _____ Other e-mail _____

Mobile phone: _____ Telephone at home: _____

OIB: _____ MBS (Matični broj studenta): _____

Nationality (or nationalities): _____ Age: _____ Native language: _____

Passport number: _____ ID Number: _____

Passport date of issue: _____ Passport date of expiry: _____ Passport city of issue: _____

Current address as it is stated in the ID:

Street: _____ City: _____

Postal/ Zip Code: _____

Temporal address (if different):

Street: _____ City: _____

Country: _____ Province: _____

Postal/ Zip Code: _____ Telephone No: _____

Period that you desire to study abroad:

Beginning of study: fall semester 20__ spring semester 20__ all academic year 20__

Duration: one semester two semesters

Current studies at ZSEM (in the moment of filling this application):

I am studying the:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> 1 st semester | <input type="checkbox"/> 2 nd semester | <input type="checkbox"/> 3 nd semester | <input type="checkbox"/> 4 th semester |
| <input type="checkbox"/> 5 th semester | <input type="checkbox"/> 6 th semester | <input type="checkbox"/> 7 th semester | <input type="checkbox"/> 8 th semester |
| <input type="checkbox"/> Graduate student | <input type="checkbox"/> MBA 1 st semester | <input type="checkbox"/> MBA 1 nd semester | |

Desired university to study abroad:

1st Choice:

University: _____

Country: _____

2nd Choice:

University: _____

Country: _____

3rd Choice:

University: _____

Country: _____

Languages that you speak:

	Basic	Intermediate	Advanced
<input type="checkbox"/> English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Italian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Russian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Japanese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Person to contact in case of emergency:

Name: _____ Relationship: _____

City of residence: _____ Telephone: _____

Mobile: _____ e-mail: _____

Please check that you have enclosed the following documents:

- Curriculum Vitae A recent photograph Transcript of records Privacy consent

Student signature: _____