

Faculty of Law University of Belgrade
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APPLICATION FORM
Master in European Integration

I. INFORMATION ABOUT APPLICANT

Personal Data

First name and parent's first name	Surname
Date of birth	Place, municipality and state of birth
Citizenship	Sex Female / Male
Address (Street and number, City, Postal code, Country)	E-mail
	Cell phone
	Phone number

PREVIOUS EDUCATION

Name of the Institution of Higher Education in original language and in Serbian
Address of Higher Education Institution

City	
Country	
Web address	
Higher education programme	
Form of study (e.g. full-time, longdistance learning, other – please specify)	
Name of the higher education document in original language and in Serbian (eg. Diploma)	
Academic title in original language	
Official length of study program (years / semesters / ECTS credits)	
Year of enrolment	----
Year of completion	----
Date of issue of higher education document	--/ --/ ----
English language proficiency – personal estimation	(good, fluent, excellent)
Certificates of English language proficiency	
Which three courses among the list of optional courses at master in European Integration would you choose?	
1.	
2.	
3.	

NOTE:

The applicant is responsible for the correctness of the information given

Date and Place of Issue