



University of Zadar
Universitas Studiorum
Jadertina | 1396 | 2002 |

APPLICATION FORM FOR INCOMING STUDENTS

This application should be completed in **black** and CAPITAL letters.

PERSONAL INFORMATION

Name and surname: _____

Date of birth: (dd/mm/yyyy) _____ Place of birth _____

Citizenship: _____ Sex: M F

E-mail: _____

Home address: _____

Mailing address (if different): _____

INFORMATION ABOUT THE STUDIES AT HOME INSTITUTION

Name of the home institution: _____

Name of the study programme at home institution: _____

Current level of study: Bachelor Master PhD

INFORMATION ABOUT THE INTENDED STUDIES AT UNIVERSITY OF ZADAR

Academic year 20____ / 20____

Name of the home department: _____

All exchange students **must** choose one main Department where more than **50% ECTS will be achieved**.

Duration of mobility: Academic year
 Winter semester
 Spring/Summer semester
 If different, please specify: from _____ till _____

FOREIGN LANGUAGE KNOWLEDGE

Mother tongue:	Excellent	Very good	Good	Sufficient
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Croatian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other languages:				
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Please read the **language requirements** on our web page: <http://www.unizd.hr/eng/international-relations/student-mobility/language-requirements>

BUDDY SYSTEM

Do you wish to participate in Buddy System? If yes please fill in the Buddy System Application Form: <https://esnazar.broaddy.com/register/international>.

YES NO

SENDING INSTITUTION

To be filled by the academic coordinator responsible for the mobility at the sending institution:

Name of the institution: _____

Name and surname of the coordinator: _____

E-mail: _____

Phone: _____

I confirm that the student _____ (name and surname of student) is nominated as exchange student to the University of Zadar and that his/her **English language skill is equivalent to B2 level** of on the CEFR** scale.

Academic coordinator's signature and stamp:

Date: _____

Please note that fluent language skills are vital for successful studies at the University of Zadar. If the language requirements are not met, the University of Zadar will not accept the student and reserves the right to do so even after arrival!

** CEFR - Common European Framework of Reference for Languages URL: <http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr>

DOCUMENTS TO BE ATTACHED TO THE APPLICATION

1. **Completed and signed Application form** for Incoming student (in the original);
2. **Learning Agreement** with proposed programme of study signed by the home institution,
3. **Transcript of Records** (for bachelor level: transcript of all bachelor courses taken so far; for master level: copy of bachelor diploma and transcript of both bachelor and master courses taken so far; for doctoral level: copy of bachelor and master diploma and transcript of bachelor, master and doctoral courses taken so far);
4. **Copy of ID or passport;**
5. **One photo in colour.**

These documents have to be sent in English both as a PDF files to iro_unizd@unizd.hr and by **standard post** to the following address:

Sveučilište u Zadru
Ured za međunarodnu suradnju
Mihovila Pavlinovića 1
23 000 Zadar,
Croatia

All application documents can be found at the following link:

<http://www.unizd.hr/eng/international-relations/student-mobility/admission-procedure>

I hereby declare that all the information provided in the application is to my best knowledge, correct and complete.

Date and place:

Student's Signature:
