**APPLICATION FORM FOR EXCHANGE STUDENTS 2025/2026**

|  |  |
| --- | --- |
| **Name and surname:** |  |
| **Application date:** |  |
| **Type and programme of mobility:** |  |
| **Home University:** |  |
| **Faculty/School/Department:** |  |

**Personal data:**

Sex:

Date of birth:

Place and country of birth:

Country of nationality:

**Identity document: (ID (EU students)/passport)**

Number:

Expiration date:

**Current address:**

Street:

Postcode:

City:

Country:

Phone:

E-mail:

**Person to notify in case of emergency:**

Name:

E-mail:

Phone:

**Home institution:**

Country:

Institution:

Faculty/School/Department:

**Current studies:**

Degree/Qualification pursued:

Study level:

Number of years studied prior to mobility:

**Mobility period:**

|  |  |  |  |
| --- | --- | --- | --- |
| **From** **(dd/mm/yy)** | **To****(dd/mm/yy)** | **Duration of stay****(total in months)** | **Number of expected ECTS credits** **(if applicable)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Please refer to current** [**academic calendar**](https://www.unizg.hr/homepage/study-at-the-university-of-zagreb/academic-information/academic-calendar/) **in order to plan period of stay. Start and end of semester may vary.**

**Croatian language skills:**

Understanding-listening:

Understanding-reading:

Speaking-spoken interaction:

Speaking-spoken production:

Writing:

Certificate(s) name and results (if applicable):

**English language skills - CEFR Levels (A1, A2, B1, B2, C1, C2):**

Understanding-listening:

Understanding-reading:

Speaking-spoken interaction:

Speaking-spoken production:

Writing:

Certificate(s) name and results:

**Further language skills:**

Further languages:

**I confirm that all details given in the application form are correct and complete.**

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 Date Student Signature

**Confirmation of the sending Institution coordinator**

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Function: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Date Signature