APPLICATION FORM FOR INCOMING STUDENTS TO CEPS	
(BOSNIA AND HERZEGOVINA)	
I - PERSONAL INFORMATION	
National ID No	
(Passport Number for International Students)	
Surname	
Name (First / Middle)	
Sex	Female Male Male
Date of Birth (Day/Month/Year)	
Place of Birth	
Citizenship(s)*	
Department / Program	
Cycle	Bachelor Master PhD. (First Cycle) (Second Cycle) (Third Cycle)
GPA (Grade Point Average)	
Disability*	Yes No No
	If yes, please submit copy of your card at the time of application
	If Yes, please specify the type, the year and duration of the
	Yes mobility:
Prior participation/s in	Study - 20 /20 Academic Year
Erasmus Mobility Programs*	Traineeship - 20 /20 Academic Year
	Duration: days/months
	No
Are you also applying to Erasmus+ Traineeship Program?*	Yes
	No No
Contact Details	
Postal / Home Address	
Telephone (Home / Mobile)	
E-mail(s)	
Whom would you like to be contacted	in the case of an emergency?
Surname	in the case of an emergency:
Name (First / Middle)	
Relation to the Applicant	
Postal / Home Address	
Tostar / Home Address Telephone (Home / Mobile)	
<u> </u>	DV DEDIOD ADDOAD
How long do you plan to participate in the Erasmus  One Semester ( Fall - Spring)	
How long do you plan to participate in the Erasmus  Program abroad?  One Semester (	
III. APPROVAL OF THE APPLICANT	
I, hereby confirm that all information in my application is complete and correct,	
Name of the Applicant :	
Signature:	Date : Place :

## SEND SCANNED APPLICATION FORM TO THE FOLLOWING ADDRESS

University College "CEPS - Centre for Business Studies" Kiseljak Josipa bana Jelačića bb, International Relations Office <u>iro@ceps.edu.ba</u> / <u>http://www.ceps.edu.ba</u>