

SUPPLEMENT TO THE APPLICATION

Program Options	<input type="checkbox"/>	Job Placement
	<input type="checkbox"/>	Job Placement Premium
	<input type="checkbox"/>	Self Placement
	<input type="checkbox"/>	Self Placement Premium

Last Name _____
First Name _____
Date of Birth _____
Mobile phone _____
E-mail: _____
SKYPE address _____

INFORMATION ABOUT STUDIES – Podaci o studiranju

Name of the Faculty/College (pun naziv fakulteta na maternjem jeziku)

Year of Studies (godina studija) _____
Student ID number (broj indeksa) _____
Year of enrollment (godina upisa) _____
Last verified semester _____ semester _____ year of verification _____
Total number of passed exams _____
Last exam passed (date) _____
Failed year (obnovljena godina) Yes No School year _____
Exams left until the end of studies _____

EMERGENCY CONTACTS

Father's full name: _____ Mother's full name: _____
Address: _____ Address: _____
Telephone: _____ Telephone: _____
E-mail: _____ E-mail: _____
Occupation: _____ Occupation: _____
Company name: _____ Company name: _____

To be completed only by (popunjavaju samo) Self Placement students:

Flight Destination (željena avio destinacija) _____
US Arrival Date (datum polaska na program) _____
I want to travel together with (želim da putujem zajedno sa) _____
DS-2019 Start Date (mm/dd/yyyy)* _____/_____/_____
DS-2019 End Date (mm/dd/yyyy)* _____/_____/_____

**Napomena: Ukoliko polja ostanu nepopunjena datum početka validnosti dokumenta DS-2019 biće određen na osnovu datuma upisanog u prijavi kao US Arrival Date i važiće 4 meseca.*

Date: _____

Signature
