

Student
logbook
number

STUDENT APPLICATION FORM ACADEMIC YEAR 2025/2026

DATA ON THE HIGHER EDUCATION INSTITUTION, STUDY PROGRAMME AND TYPE OF STUDIES

filled in by the statistical office

1.	Name of the higher education institution (specify the name of the higher education institution or university))		<input type="text"/>
1.1.	If the institution is a university, specify the name of the division (name of the faculty or art academy)		
2.	Location of the higher education institution/division of the university/department of the division of the university		<input type="text"/>
3.	Study cycle	first cycle ___1 integrated studies ___2 short-cycle programme ___3	enter 1, 2 or 3 in the box <input type="text"/>
4.	Study program		<input type="text"/>
4.1.	Study orientation		
5.	Type of studies	academic _____ 1 professional _____ 2	enter 1 or 2 in the box <input type="text"/>

STUDENT'S PERSONAL DATA

Personal ID number (from the identity card)	<input type="text"/>
Personal identification number (for foreign students only)	<input type="text"/>

6.	Surname (name of one parent) and name		<input type="text"/>
7.	Sex	Male ___1 Female ___2	enter 1 or 2 in the box <input type="text"/>
8.	Date of birth		enter the date, month and year of birth in the boxes; for example 1 June 2003 = 01062003 <input type="text"/>
9.	Student's permanent place of residence ¹⁾	City/municipality <input type="text"/>	<input type="text"/>
		Bosnia and Herzegovina	<input type="text"/>
		Republika Srpska ___1 Federation of BiH ___2	enter 1, 2 or 3 in the box <input type="text"/>
		Country: <input type="text"/>	Brčko District ___3

¹⁾ Students who are citizens of BiH enter their permanent place of residence, that is, the place of residence of the parent/person providing financial support (spouse or other). If the parent/person providing financial support is temporarily abroad, their permanent place of residence is the permanent place of residence before going abroad. Students who have the status of a foreign citizen enter the name of their country.

10.	Citizenship	<input type="text"/>
10.1.	Dual citizenship	<input type="text"/>
11.	Nationality (optional)	<input type="text"/>

PREVIOUS SECONDARY EDUCATION

12.	Previous secondary education	12.1.Exact name of profession/title and vocational degree <input type="text"/>	<input type="text"/>
		12.2.Year of graduation from secondary school	enter the last two digits of the calendar year in the boxes <input type="text"/>
		12.3. Country of graduation <input type="text"/>	<input type="text"/>

ENROLMENT DATA

13.	Year of study	enter 1, 2, 3, 4, 5, 6 or 7 in the box if you are a final year student		→	<input type="text"/>		
14.	Are you re-enrolling for this year of study?	Yes ___ 1	No ___ 2	enter 1 or 2 in the box	→	<input type="text"/>	
15.	In which academic year did you first enroll in this type of school (first semester)?	enter the last two digits of the calendar year of enrolment in the boxes		→	<input type="text"/>	<input type="text"/>	
16.	Mode of study	Full-time ___ 1	Part-time ___ 2	enter 1 or 2 in the box	→	<input type="text"/>	
17.	Mode of financing	Financing from the budget ___ 1 Self-financing ___ 3		enter 1, 2, 3 or 4 in the box	→	<input type="text"/>	
		Co-financing ___ 2 Students exempt from paying the fee ___ 4					
17.1	If you are exempt from paying the fee, enter the grounds for being exempt in the box (1, 2, 3, 4, 5, 6 or 7)					→	<input type="text"/>
	Children of killed and missing soldiers of the Army of RS ___ 1		Children of disabled war veterans of the Army of RS, categories I and II ___ 2		Disabled war veterans of the Army of RS, categories I to V ___ 3		
	Students with disabilities ___ 4		Children without parents ___ 5		Students from families with two or more students ___ 6 Other ___ 7		

SUBSISTENCE DURING STUDIES

18.	Sources of funds for subsistence during studies (multiple answers allowed)	18.2.	If you receive a scholarship, mark the scholarship provider (multiple answers allowed)
	Dependent person (parent/guardian/relative) ___ 1		Government ___ 1
	Personal income (salary, savings, income from property, inheritance) ___ 2		Local self-government unit (city/municipality) ___ 2
	Loan ___ 3		Business sector (private/public) ___ 3
	Scholarship ___ 4		International organizations ___ 4
	Other sources ___ 5		Higher education institutions ___ 5
			Other ___ 6
18.1.	Specify the main source of funding enter 1, 2, 3, 4 or 5 from Question 18 in the box	→	<input type="text"/>
18.3.	Specify the total annual amount of the scholarship in KM (for the period between 1 January and 31 December 2024)	_____	
19.	Work activity of the student		
	Employed ___ 1 Inactive (housewife, retired person, unemployed ___ 2 unable to work) ___ 3 Other ___ 4	enter 1, 2, 3 or 4 in the box → <input type="text"/>	

CREDIT MOBILITY

20.	Did you participate in the international credit exchange of students in the previous academic year?	enter 1 or 2 in the box	→	<input type="text"/>
	Yes ___ 1 No ___ 2			

If the answer to Question 20 is "Yes", answer questions 21, 22, 23, 24 and 25. Otherwise, go to question 26.

21.	Duration of the international credit exchange in months	enter the number of months in the boxes	→	<input type="text"/>	<input type="text"/>	<input type="text"/>
22.	Program name	EU programs (ERASMUS and other EU programs) ___ 1 Overseas programs ___ 2 Other ___ 3	enter 1, 2 or 3 in the box	→	<input type="text"/>	
23.	Purpose of the exchange	Studies ___ 1 Internship ___ 2 Studies and internship combined ___ 3	enter 1, 2 or 3 in the box	→	<input type="text"/>	
24.	The number of ECTS credits recognized by your parent higher education institution	enter the number of credits in the boxes	→	<input type="text"/>	<input type="text"/>	<input type="text"/>
25.	Specify the country of the international exchange	<input type="text"/>				

DATA ON PREVIOUS STUDY

26.	Have you previously been enrolled at any higher education institution to	enter 1 or 2 in the box	
	a) a short-cycle programme	Yes ___ 1 No ___ 2	<input type="text"/>
	b) first cycle	Yes ___ 1 No ___ 2	<input type="text"/>
	c) integrated first and second cycle?	Yes ___ 1 No ___ 2	<input type="text"/>

STUDENTS WITH PHYSICAL DISABILITIES

27.	Do you have any of the following physical disabilities? (optional)	enter 1, 2, 3 or 4 in the box	→	<input type="text"/>
	Blind/visually impaired person ___ 1 Mobility impairment ___ 3			
	Deaf/hard of hearing and/or mute person ___ 2 Other ___ 4			

Place _____

Student's signature _____

Date _____

E-mail _____