

Student  
logbook  
number

## STUDENT APPLICATION FORM ACADEMIC YEAR 2026/2027

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

filled in by the statistical office

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

### STUDENT'S PERSONAL DATA

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

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

<sup>1)</sup> 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.   | <b>Citizenship</b>            | <input type="text"/> |
| 10.1. | <b>Dual citizenship</b>       | <input type="text"/> |
| 11.   | <b>Nationality</b> (optional) | <input type="text"/> |

### PREVIOUS SECONDARY EDUCATION

|     |                                                                                                            |                      |
|-----|------------------------------------------------------------------------------------------------------------|----------------------|
| 12. | <b>Previous secondary education</b>                                                                        | <input type="text"/> |
|     | 12.1. Exact name of profession/title and vocational degree                                                 | <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"/> |

**ENROLMENT DATA**

|      |                                                                                                                     |                                                                                |                                                                  |                               |                        |
|------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------|------------------------|
| 13.  | <b>Year of study</b>                                                                                                | enter 1, 2, 3, 4, 5, 6 or 7 in the box if you are a final year student         |                                                                  | →                             | <input type="text"/>   |
| 14.  | <b>Are you re-enrolling for this year of study?</b>                                                                 | Yes ___ 1                                                                      | No ___ 2                                                         | enter 1 or 2 in the box       | → <input type="text"/> |
| 15.  | <b>In which academic year did you first enroll in this type of school (first semester)?</b>                         | enter the last two digits of the calendar year of enrolment in the boxes       |                                                                  | →                             | <input type="text"/>   |
| 16.  | <b>Mode of study</b>                                                                                                | Full-time ___ 1                                                                | Part-time ___ 2                                                  | enter 1 or 2 in the box       | → <input type="text"/> |
| 17.  | <b>Mode of financing</b>                                                                                            | 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 | <b>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)</b> |                                                                                |                                                                  | →                             | <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.   | <b>Sources of funds for subsistence during studies</b><br>(multiple answers allowed)           | 18.2.                                                 | <b>If you receive a scholarship, mark the scholarship provider</b><br>(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. | <b>Specify the main source of funding</b><br>enter 1, 2, 3, 4 or 5 from Question 18 in the box | 18.3.                                                 | <b>Specify the total annual amount of the scholarship in KM (for the period between 1 January and 31 December 2025)</b> _____ |
| 19.   | <b>Work activity of the student</b>                                                            |                                                       |                                                                                                                               |
|       | 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. | <b>Did you participate in the international credit exchange of students in the previous academic year?</b> | Yes ___ 1 | No ___ 2 | enter 1 or 2 in the box → <input type="text"/> |
|-----|------------------------------------------------------------------------------------------------------------|-----------|----------|------------------------------------------------|

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

|     |                                                                                          |                                                   |                         |                                       |                                                   |
|-----|------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------|---------------------------------------|---------------------------------------------------|
| 21. | <b>Duration of the international credit exchange in months</b>                           | enter the number of months in the boxes           | →                       | <input type="text"/>                  |                                                   |
| 22. | <b>Program name</b>                                                                      | 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. | <b>Purpose of the exchange</b>                                                           | Studies ___ 1                                     | Internship ___ 2        | Studies and internship combined ___ 3 | enter 1, 2 or 3 in the box → <input type="text"/> |
| 24. | <b>The number of ECTS credits recognized by your parent higher education institution</b> | enter the number of credits in the boxes          |                         | → <input type="text"/>                |                                                   |
| 25. | <b>Specify the country of the international exchange</b>                                 | <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 |
|     | b) first cycle                                                           | Yes ___ 1               | No ___ 2 |
|     | a) integrated first and second cycle?                                    | Yes ___ 1               | No ___ 2 |

**STUDENTS WITH PHYSICAL DISABILITIES**

|     |                                                                           |                                                      |  |
|-----|---------------------------------------------------------------------------|------------------------------------------------------|--|
| 27. | <b>Do you have any of the following physical disabilities? (optional)</b> | 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 \_\_\_\_\_  
Date \_\_\_\_\_

Student's signature \_\_\_\_\_  
E-mail \_\_\_\_\_