### INTERNACIONALNI UNIVERZITET TRAVNIK



# INTERNATIONAL UNIVERSITY TRAVNIK

	Ap	plication for	rm for Inco	ming Stu	dent	S	
Field of Study				Arrival Date		Departure Date	Number
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<b>Student Perso</b>	nal Data				T		
Family Name	<u></u>		First Name				
Date of Birth	 	<del></del>	Place of bir				
Sex	Male	Female	Nationality		<u> </u>		
Current Address							
Street and No:							
City and Postal C	ode:						
Country:							
Permanent Addre	ess (if differ	ent)					
Street and No:							
City and Postal C	ode:						
Country:			000 000				
Email:				M			
Mobile Phone (G	SM):			<u> </u>			
<u> </u>		1.	TRAVNIK				
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City where your t	iniversity is	NATI		ER			
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Institutional Inte	rnational R	elations Coord	linator				
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Signature:					D	ate:	

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Language Knowledge

Native language:						
Other languages: (mark with "x")	I am currently studying this language		I have sufficient knowledge to follow lectures		I would have sufficient knowledge to follow lectures if I had some extra preparations	
	Yes	No	Yes	No	Yes	No
Bosnian						
English						

<b>Briefly state the reasons</b> English, max 500 words)	why you wish to study at the International Universi	i <b>ty of Travnik</b> (in
	TRAVIOR	
	RSI	

I hereb	
Date:	Student's signature.

Acceptance at the International University of Travnik					
The above mentioned student is	accepted at the International University of Travnik				
The above mentioned student is:	<b>not accepted</b> at the International University of Travnik				

	Departmental coordinator	Faculty/Institute Coordinator	University Coordinator
Name			
Signature			
Date			

## Please send this Application form back to: International University of Travnik – International relations office

Bunar bb, Dolac, 7270 Travnik, Bosnia and Herzegovina
Fax: +387 30 540 587, Email: <a href="mailto:erasmus\_institutional\_coordinator@iu-travnik.com">erasmus\_institutional\_coordinator@iu-travnik.com</a>;
<a href="mailto:incoming\_students\_coordinator@iu-travnik.com">incoming\_students\_coordinator@iu-travnik.com</a>