

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.	<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>Bosnia and Herzegovina</b> <b>Republika Srpska</b> ___1 <b>Federation of BiH</b> ___2 <b>Brčko District</b> ___3	<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> (multiple answers allowed)	18.2.	<b>If you receive a scholarship, mark the scholarship provider</b> (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> 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 2024)</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"/>
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**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.	<b>Have you previously been enrolled at any higher education institution to</b>	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 \_\_\_\_\_