



University of Ljubljana
Kongresni trg 12
1000 LJUBLJANA

APPLICATION FORM

1. Applicant	
First and last name:	
Date of birth:	
Citizenship:	
Permanent address:	
Temporary address:	
Postal address for the delivery of decisions and notifications:	
Telephone/Mobile:	
E-mail:	

2. Academic information	
University and faculty of undergraduate university study programme or 2 nd cycle of Bologna study programme	University:
	Faculty:
	Year of graduation:
Average grade achieved in the undergraduate university studies or 1 st and 2 nd cycle of Bologna studies combined (rounded to two decimal places)	
The state of the doctoral study programme (3 rd cycle of the Bologna study programme)	Yet to be enrolled
	Enrolled in the year in academic year.....
	Completed a MSc course YES NO
The university and faculty of the doctoral study programme (3 rd cycle of the Bologna study programme)	University:
	Faculty:

3. Mentor details:			
Mentor code	Mentor's first and last name	Code and name of the field of research	Member of the University

Place and date: _____

Applicant's signature: _____

TO BE COMPLETED BY THE UNIVERSITY OF LJUBLJANA

Application order number:		
Date of receipt of the Application:		
The Application has been submitted within the deadline:	YES	NO
The Application is complete:	YES	NO