

**Application form for partial training**

Administrator’s name:

Administrator’s contact:

Request ID:

**Data of applicant**

Name:

Name at birth:

Mother’s name:

Place of birth …………………………………… date of birth: ………………………………………..……….

Citizenship:

Permanent address:

Notification address:

Telephone number: ……………………………………….. E-mail: …………………………………………..

**Data of completed higher educational studies needed for getting partial training**

Name of higher education (institution, faculty):

Major of higher education:

Qualification certified by the degree\*\*:

**Data of studies**

I apply for getting partial training during the spring/autumn\* term of ……………. academic year, as a correspondence / full-time student\*, for one / two\* term(s).

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| --- | --- |
| **Subject code** | **Subject name** |
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Date: , 20 . month day

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signature of student

\* Underline the appropriate one. \*\* To attach the copy of degree is compulsory.