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| **2019/2020** |
| Application Num: |
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| **Last name:** |  |
| **Name:** |  |
| **Adress:** |  |
| **Mobile:** |  |
| **E-mail:** |  |

**Application for enrollment on**

**UNIVERSITY POSTGRADUATE STUDIES– DOCTORAL STUDY**

**(ac.year 2019/2020)**

I submit the application for enrollment on University postgraduate studies to aquaire academic grade Doctor of Science, with attachments as follows:

* Request (form PDS-D-P and PDS-D-U),
* Certificate of Citizenship or proof of Citizenship (foreign citizens),
* extract from the register of births,
* degree or a certified copy of the degree of completed studies of biomedical Sciences,
* certified transcript of grades of graduated studies,
* certifield copy of retreaved Master of Science degree (if the candidate has mr.sc.title),
* certified excerpt from Index of postgraduate study with the grades from every subjects (if the candidate has mr.sc. title)
* CV,
* the list of published scientific and technical papers (for citation in CC Index is necessary to submit the certificate of Dental or University library),
* Certificate of English knowledge,
* Letters of recommendation
* Registration fee 400,00 kn, is necessary to pay on the IBAN Faculty bank account (račun primatelja - payee's account): HR7423600001101235285, (in the "model za broj" don't sign anything, a in "poziv na broj" write: 6615107,
* Receipt of payment.

\*Documents must be originals or certified copies.

I agree that all the submitted information during the enrollment process may be used in the further processing records during doctoral study.

Zagreb, \_\_\_\_\_\_\_\_\_\_\_\_\_ 2019.

(day and month)

 (signature of the candidate)