



Medika College for Vocational Studies in Healthcare
8 Mitropolita Petra Street, Belgrade, Serbia
www.medika.edu.rs

Student Application Form

1. Student

First and Last name		
Gender (circle)	Male	Female
Date of Birth		
Place of Birth		
Address		
Nationality		
Phone		
E-mail		

2. Sending institution

Institution	
Department	
Address	
Contact person	
Phone	
E-mail	

3. Receiving institution

Institution	
Department	
Address	
Contact person	
Phone	
E-mail	

4. Current studies (at sending institution)

Department	
Study cycle	
Study year	

Duration of the Study Programme	
ECTS obtained at the time of application	

5. Desired courses at receiving institution

Course component code (if any)	Course component title (as indicated in the course catalogue) at Receiving Institution	Semester (autumn / spring or term)	Number of ECTS credits to be awarded by Receiving Institution upon successful completion
Total number of ECTS			

6. Application Package

a) Motivation

b) Transcript of Records

c) Curriculum Vitae

7. Student's language skills

Are you able to attend classes in a foreign language that is primary in the study program which you are applying for?	YES	NO
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Indicate the level of knowledge of a foreign language in accordance with the general overview of language competences (A1, A2, B1, B2, C1, C2)				
Foreign language	Listening	Reading	Speaking	Writing

Student's signature:

Place and date:
