



aculty:		 	 	
Study progra	am:	 	 	
Date:				

APPLICATION

for admission to master studies at the University of Montenegro

Full name				
Parent's name				
Date (day, month and year) and place of birth				
Unique Citizen Number				
Residential address (municipality, street and number)				
Phone number and e-mail address				
Information on completed undergraduate studies				
Name of the university and location of its headquarters				
Name of the faculty and study program				
Year of enrollment in undergraduate studies Year of completion of undergradua	Year of completion of undergraduate studies			
Academic performance				
Grade point average (GPA) in undegraduate studies				
Final thesis/graduation exam grade				
Submitted Documents (please, mark or circle for each document) Original	Duplicate			
Diploma of completed undergraduate studies (supplement must be submitted)				
Certificate of completed undergraduate studies				
Copy of biometric ID card				
For foreign nationals: a special personal document issued in accordance with specific regulations				
Place and date				
Handwritten signature of the applicant				