



SARAJEVO MEDICAL SCHOOL

1. PERSONAL DETAILS

- a. Name: _____ d. Place of birth: _____
- b. ID number: _____ e. Country: _____
- c. Date of birth: _____ f. e-mail: _____
- g. Permanent place of residence
- Street and number: _____
 - Place/City: _____ Country: _____
- h. Phone
- Home: _____ Mob: _____

2. PREVIOUS ACADEMIC RECORD

- a. High school, full name and city: _____
- b. Scores
- | | Biology | Chemistry | Physics |
|----------------------|---------|-----------|---------|
| 1 st year | _____ | _____ | _____ |
| 2 nd year | _____ | _____ | _____ |
| 3 rd year | _____ | _____ | _____ |

- a. Have you received any significant awards (*please give details*)? _____

DECLARATION:

I certify that the information given in this application is true, complete and accurate and no information requested or other material information has been omitted. I accept that if I do not fully comply with these requirements the SSST will have the right to cancel my application and I shall have no claim against them. I understand that this application and all the supporting documents become the confidential property of the SSST Admissions Office and will not be returned, copied or released.

Applicant's signature:

Date:

THANK YOU FOR FILLING THIS FORM. ALL INFORMATION YOU HAVE PROVIDED WILL BE TREATED AS CONFIDENTIAL AND WILL NOT BE USED WITHOUT YOUR PERMISSION.

Note:

Submit by e-mail button will trigger save as PDF file dialog - please save form with Your Full name and Surname and send it to e-mail: mdentrance@ssst.edu.ba
Applicants will be informed after processing forms is finished.