

Hrasnička cesta 3a

71000 Sarajevo

Bosnia and Herzegovina

Tel: +387 (0) 33 975 000

Fax:+387 (0) 33 975 030 [www.ssst.edu.ba](http://www.ssst.edu.ba)

**Dear WA Participant,**

**Thank you for joining the SSST Winter Academy!**

**Please fill out this Registration Form and save it as “WA2022\_NAME\_LASTNAME\_ CHOSEN PROGRAMME” (for example: “WA2022\_Jane\_Doe\_CSIS”). Send the completed Form to** **proffice@ssst.edu.ba** **before the deadline (Saturday, January 15, 2022).**

**Thank you! Looking forward to seeing you at SSST!**

**Best regards,**

**SSST**

 Name and surname:

..............................................................................................................................................................

 High School and place:

...............................................................................................................................................................

 Email address:

...............................................................................................................................................................

 Mobile number (optional):

...............................................................................................................................................................

 Home address and place:

...............................................................................................................................................................

 Which programme would you like to join at the Winter Academy? Choose only one between:

1. Computer Science (CS)
2. Political Science and International Relations (PSIR)
3. Economics (ECON)
4. Medicine(MED)
5. Dentistry ( DENT)
6. Pharmacy ( PHAR)
7. Gaming Program ( GP)

.................................................................................................................................................................

* How did you find out about the Winter Academy (for example: the media, Facebook, website,

a friend, etc.)?

..................................................................................................................................................................

* Do you plan to apply to study at SSST? If yes, please state the department/faculty of your interest.

.................................................................................................................................................................