

STUDENT EXCHANGE APPLICATION FORM

Name and Surname	Date of Birth	Country of Birth
	dd/mm/yyyy	

Home University	Country	Year
		- / BA, MA

Address (No, Street, City, Country)	Phone	E-mail

Exchange Period at University of Novi Pazar)		
From: dd/mm/yyyy	To: dd/mm/yyyy	~ Number of months:

Department (please mark the department)	
1. Philology Department - German Language and Literature - English Language and Literature - Serbian Language and Literature - Bosnian Language and Literature	2. Department of Psychology and Pedagogy - Psychology - Pedagogy for pre-school children
3. Department of Law	4. Department of Computer Science
5. Department of Fine Art	6. Department of Economics

Motivation statement (up to 1000 characters with spaces; in case it is longer send it as a separate document)

Attachments (obligatory)
1. CV 2. Letter of Recommendation 3. Transcript of Records from home university 4. Scan copy of the passport

Send the form and the attachments in an e-mail to iro@uninp.edu.rs, rektorat@uninp.edu.rs.