

**UNIVERSITY OF ZAGREB**  
**FACULTY OF ELECTRICAL ENGINEERING AND COMPUTING**

First name:

Last name:

Date of birth:

Place of birth:

Citizenship:

Mailing address:

Phone:

Fax:

E-mail:

**SECRETARY'S OFFICE**

**Application for enrolment to the Postgraduate Specialist Study in TRANSFORMERS**

Degree obtained at:

Date of graduation:

Grade average:

Employed at:

I plan to attend the following optional courses:

- 1.
- 2.
- 3.

I enclose the following documents to the application:

1. Approved copy of diploma;
2. Approved copy of list of courses and grades obtained during graduate study;
3. Citizenship certificate;
4. Curriculum Vitae;

Date:

Signature: