**APPLICATION FORM FOR ADMISSION TO THE DOCTORAL STUDY**

**A P P L I E D M A R I N E S C I E N C E S**

**in the academic year 2023/2024**

|  |  |
| --- | --- |
| *Name and surname:* |  |
| *Date, year and place of the birth:* |  |
| *OIB:* |  |
| *Address (street and place):* |  |
| *E-mail address:* |  |
| *Telephone:* |  |
| *Mobile:* |  |
| *Finished study (the name of the study and the institution where the study was finished):* |  |
| *Year of graduation:* |  |
| *Grade point average:* |  |
| *Data about employment (name of employer and job position):* |  |
| *Tuition fee shall be paid by (circle the correct option):* | applicant | employer | another legal entity | other |
| *Reasons for enrolling in the doctoral study and a description of scientific interest, along with a plan and proposal for doctoral research:* |
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 (Application date) (Signature)