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2020

Blv. Sv.Kliment Ohridski no.68 1000, Skopje, Republic of N.Macedonia e-mail : <u>applynow@eurm.edu.mk</u> Phone No. +389 2 320 20 20 +389 2 320 21 00

Dear prospective student,

Yes

No

Thank You for your interest in studying at the European University in Skopje. Please share some time for filling out this Application form, and we'll get back to you soon.

2. Surname (as shown on passport)  3. Date of birth  4. Sex: Male Female  5. Country of birth  5. Nationality/Citizenship  6. e-Mail  9. e-Mail  9. Phone  10. (optional)  SECTION 2: LANGUAGE  2a. I accept to study the selected main course in English language, and I own  B1 level (CEFR) certificate  2a. I accept to study the selected main course in English language, and I own  B1 level (CEFR) certificate  2a. No  2b. I have completed my secondary education in English language/I'm an english native speaker and I'll provide proof.  2c. I accept to study the selected main course in Macedonian language, and I own a Macedonian language certificate  2c. I accept to study the selected main course in Macedonian language, and I own a Macedonian language certificate  2c. I accept to study the selected main course in Macedonian language, and I own a Macedonian language certificate  2c. I accept to Study the selected main course in Macedonian language, and I own a Macedonian language certificate  2c. I accept to Study the selected main course in Macedonian language, and I own a Macedonian language certificate  2c. I accept to Study the selected main course in Macedonian language, and I own a Macedonian language and I own a Macedonian langu	to you soon.
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SECTION 6: HEALTH AND DISABILITY  5.Do you have any disability, impairment (including learning disabilities), ong-term injury, or chronic medical condition(s) that may impact on your bility to study and/or participate in university activities?  SECTION 7: CRIMINAL CONVICTION  6. Have you ever been convicted of or have a pending conviction for any	14.Please provide verified official documentation of academic results for all
Name of school  Country  Qualification  Year start  SECTION 6: HEALTH AND DISABILITY  5.Do you have any disability, impairment (including learning disabilities), ong-term injury, or chronic medical condition(s) that may impact on your bility to study and/or participate in university activities?  Yes  No  SECTION 7: CRIMINAL CONVICTION  6. Have you ever been convicted of or have a pending conviction for any	secondary school qualifications
Qualification Year start  SECTION 6: HEALTH AND DISABILITY  5.Do you have any disability, impairment (including learning disabilities), ong-term injury, or chronic medical condition(s) that may impact on your bility to study and/or participate in university activities?  Yes No  SECTION 7: CRIMINAL CONVICTION  6. Have you ever been convicted of or have a pending conviction for any	
SECTION 6: HEALTH AND DISABILITY  5.Do you have any disability, impairment (including learning disabilities), ong-term injury, or chronic medical condition(s) that may impact on your bility to study and/or participate in university activities?  Year finish  SECTION 6: HEALTH AND DISABILITY  5.Do you have any disability, impairment (including learning disabilities), ong-term injury, or chronic medical condition(s) that may impact on your bility to study and/or participate in university activities?  Year finish  6.Have you ever been convicted of or have a pending conviction for any	Country
SECTION 6: HEALTH AND DISABILITY  5.Do you have any disability, impairment (including learning disabilities), ong-term injury, or chronic medical condition(s) that may impact on your bility to study and/or participate in university activities?  Yes No  SECTION 7: CRIMINAL CONVICTION  6. Have you ever been convicted of or have a pending conviction for any	Qualification
5.Do you have any disability, impairment (including learning disabilities), ong-term injury, or chronic medical condition(s) that may impact on your bility to study and/or participate in university activities?  Yes No  SECTION 7 : CRIMINAL CONVICTION  6.Have you ever been convicted of or have a pending conviction for any	Year start Year finish
ong-term injury, or chronic medical condition(s) that may impact on your bility to study and/or participate in university activities?  No  SECTION 7 : CRIMINAL CONVICTION  6. Have you ever been convicted of or have a pending conviction for any	SECTION 6: HEALTH AND DISABILITY
ong-term injury, or chronic medical condition(s) that may impact on your bility to study and/or participate in university activities?  No  SECTION 7 : CRIMINAL CONVICTION  6. Have you ever been convicted of or have a pending conviction for any	15.Do you have any disability, impairment (including learning disabilities),
bility to study and/or participate in university activities?  No  SECTION 7 : CRIMINAL CONVICTION  6. Have you ever been convicted of or have a pending conviction for any	long-term injury, or chronic medical condition(s) that may impact on your
SECTION 7 : CRIMINAL CONVICTION  6. Have you ever been convicted of or have a pending conviction for any	ability to study and/or participate in university activities?
6.Have you ever been convicted of or have a pending conviction for any	
	SECTION 7 : CRIMINAL CONVICTION
	16.Have you ever been convicted of or have a pending conviction for any

## **SECTION 8: FINANCES**

7. How will your finance your studies?

Personal Loan Scholarship Other

## SECTION 9: REQUIRED DOCUMENTS (CHECKLIST)

NOTICE: Initially a scan from the original documents at your disposal is required. Please have in mind that you must provide everything from the checklist. Don't forget about the test of the documents required for student Visa/residence in N.Macedonia listed in the Announcement for registration.

Please ensure you have attached the following documents

- 4 /four/ standard passport-size photos
- Original Secondary School Diploma (with apostille seal for the signatory countries of the Hague Convention; for the rest, a seal of Ministry of Foreign Affairs) and a Macedonian translation of the Diploma by a court certified interpreter, witnessed by a Notary Public in N.Macedonia
- Original transcripts for each year completed (4 years prior to graduation) and a Macedonian translation by a court certified interpreter, witnessed by a Notary Public n N.Macedonia
- Decision for recognition of the Secondary School Diploma issued by the Ministry of Education and Science of N.Macedonia (\*after mandatory acquiring)
- · Certificate/proof of proficiency in Macedonian/English language
- Passport legalized copy and translation witnessed by a Notary Public in N.Macedonia
- Original birth certificate and a translation of the same by a court certified nterpreter, witnessed by a Notary Public in N.Macedonia
- Medical certificate for the general health and psycho-physical condition, issued by an authorized medical institution, translated into Macedonian and witnessed by a Notary Public, (HIV and HEPATITIS C status) not older than 6 months
- Other documents as necessary and at the request of the University, depending on the specifics of the case
- A copy of the Decision granting a temporary residence status in RM issued by the Ministry of Interior of N.Macedonia (\*after acquiring)

I would like to get assistance from the University regarding all the translations in Macedonian, notary stamps, diploma validation procedure and accommodation agreement, and I will cover the ex penses Yes No

## **SECTION 10: REGISTRATION PERIOD**

I submit this application in the:

First registration period (01.03-30.06.2025) Second registration period (01.07-31.08.2025) Third registration period (01.09-30.09.2025)

## **SECTION 11 : DECLARATION**

- 1. I declare that the information provided by me in this application is true and correct. I acknowledge that European University reserves the right to make such enquiries as may be reasonably necessary to verify the information provided by me in this application regarding my educational qualifications.
- 2. I understand that providing false and misleading information to obtain admission and/or credit into a course is an offence.
- 3. I confirm:
- a. I have made my own enquiries as to the suitability of the course that I am seeking to be enrolled and the terms & conditions of studying, tuition fees and costs; and
- b. That it is my sole responsibility to ensure that my enrolment is in accordance with the Admissions procedure and the Announcement for registration.
- 4. I acknowledge and agree that the information provided by me to European University may be provided to State agencies when required by law.
- That is provided to state agentics with European University I agree to comply with the Statute, By-laws, Rules and Regulations.
- 7. I acknowledge that official communication by European University to me will be by electronic means, personally or via Agent, unless alternative communication arrangements have been agreed.
- B. I agree to notify European University of any changes to my residential addresses and to any change in the contact information.

Date:	Name and surname:

\*I was informed about the University via Facebook Instagram Web-page Recruitment agency