

Application Form

I, the undersigned _____, born on _____
(first name father's name last name)
with identity card/passport no. _____
e-mail: _____ Tel: _____

I request to enroll in the first cycle / professional / integrated second cycle study
program _____ at HEI _____ .

1. I declare that I am applying under quotas for candidates

a) with Albanian nationality from the territories (mark with "x" the place where the
candidate comes from):

- ☐ Republic of Kosovo;
- ☐ Montenegro;
- ☐ North Macedonia;
- ☐ Presheva;
- ☐ Bujanovac;
- ☐ Medvegja;

b) foreign

With citizenship _____

Mother tongue _____

With secondary education _____

Current address _____

2. I authorize the above-mentioned higher education institution and the Education Services Center to process my personal data within the framework of the application and enrollment for continuing university studies at the above institution, as well as to publish them.

3. I declare that I will enroll only in one of the study programs for which I will be declared a winner for the next academic year.

4. I declare that I am not currently enrolled in any other study program at other higher education institutions, and that I will not simultaneously attend another study program until I complete the study program for which I am applying.

5. I declare that I am familiar with the relevant guidelines and that I understand the procedures of application, selection, and enrollment.

6. I declare the authenticity of the data and documents submitted. I am aware that, in case of false data declaration or submission of forged or untrue documents, I am subject to the measures provided for in the Penal Code and other legal and sub-legal acts in force. In case of doubt about the authenticity of the declared information, the Center for Education Services and/or the higher education institution will initiate the verification procedure by forwarding these data also to competent authorities if necessary.

Candidate's First Name Father's Name Last Name
Signature

Statement

I, the undersigned _____, born on _____ with ID/passport no. _____

1. Authorize the institution of higher education _____ the Ministry of Education Sports and Youth, as well as the Center for Educational Services to handle my personal data in the framework of the application and registration for the continuation of higher education studies in the aforementioned Institution, as well as their eventual publication.

I also authorize the Higher Education Institution where I applied, the ministry responsible for education and the institution responsible for providing educational services to carry out all verifications and receive all information related to: higher education studies, where I applied for registration, the period of studies completed before, and any other type of verification related to the above.

2. I declare that I am not studying in any other study program in other institutions of higher education, and that I will not simultaneously follow another study program, until the end of the study program I am applying for.

3. I declare that I am familiar with this instruction and that I meet the criteria set forth in it to apply for a transfer of studies / second study program.

4. I declare the truth of the data and documents presented. I am aware that in case of declaration of untrue data or submission of forged documents or with untrue data, I am subject to the measures provided for in the Criminal Code and other legal and by-laws in force. In case of doubt about the truth of the declared information, Ministry of Education Sports and Youth, as well as the Center for Educational Services and/or the HEI initiate the procedure of their control and eventually forward this data to the competent authorities.

First name Father's name Surname of the candidate

First name Father's Nme of the academic secretariat staff

Signature

Signature

Location: _____ Date: ____ . ____ . 2025