

APPLICATION FOR THE EXTENSION OF THE STAY OF YOUNG RESEARCHERS AND SCHOLARSHIP HOLDERS AT THE PUBLIC INSTITUTION ŠTUDENTSKI DOM LJUBLJANA FOR THE 2024/2025 ACADEMIC YEAR

Please use capital letters!

PERSONAL DATA

1. Name and surname:			
2. Gender (mark accordingly):		1 - male	2 - female
3. Citizen ID number:			
4. Nationality (foreign nationals please attach proof of nationality):			
5. Employment as a young researcher (mark accordingly):		1 - yes	
6. RS scholarship holder (mark accordingly):		1 - yes	

PERMANENT RESIDENCE ADDRESS

7. Street (town) and house number:
8. Postal code:
9. Place of permanent residence (RS nationals please attach proof of permanent residence):
10. Address for service of mail or address of the person authorised for collection of mail in the Republic of Slovenia:
11. Telephone number:
12. E-mail:

ENROLMENT DETAILS (please provide accurate details and notify any change of study course immediately in writing)

13. Higher education institution:						
14. Study programme:						
15. Course of study:						
16. Year of study (mark accordingly):	1	2	3	4	additional year	
17. Place of study (if outside the seat of the higher education institution):						

STATEMENT:

By signing below, I guarantee that the information provided in this application is true and agree that my stay in ŠDL is permanently terminated if it is found that I have provided false information.

By signing this form, I declare that the personal data contained in this form and in the attached supporting documents may be used for the purposes of the procedures related to my admission to and stay at ŠDL and I give permission for the data contained in this application to be verified with the database operators.

In _____, on _____ Handwritten signature: _____

The deadline for submission is TUESDAY, 15 OCTOBER 2024, by registered post or at ŠDL Secretariat, Svetčeva ulica 9.