SSST GYMNASIUM
ENTRANCE APPLICATION FORM

Academic Year 20____/___

1. PERSONAL DETAILS

a. Name: _____

b. Place of birth: _____

c. Date of birth: _____

d. Country: _____

e. Permanent place of residence:

f. E-mail: _____

- Street and number: _____
- Place/City: _____ Country: _____

g. Phone

- Home: _____
- Mob: _____

2. NEXT OF KIN CONTACT

a. Surname and name: _____

b. Relation: _____

c. E-mail: _____

d. Mobile number: _____

e. Home number: _____

f. Office number: _____

3. PREVIOUS ACADEMIC RECORD

a. Elementary school, full name and city: _____

b. Approximate GPA: _____

	Mathematics	English	B/C/S Language and Literature
1st year			
2nd year			
3rd year			
4th year			
5th year			
6th year			
7th year			
8th year			
*9th year			

* *If you have completed a nine-year elementary school programme*

4. ADDITIONAL INFORMATION

a. Have you received any significant awards (*please give details*)? _____

_____

b. Other interests, hobbies and pursuits? _____

_____

c. Why do you choose SSST Gymnasium? _____

_____

d. Do you have any application to other institutions of higher education currently under consideration? Your answer will not prejudice your application. Please specify. _____

_____

e. Do you have any physical or other disabilities which might affect your studies or necessitate special arrangements or facilities? Please specify. _____

f. How did you hear about SSST? *Circle more than one, if needed*: **Friend** **Media** **SSST promo material** **Other source:** _____

g. Preferred entrance exam date: _____

DECLARATION:

I certify that the information given in this application is true, complete and accurate and no information requested or other material information has been omitted. I accept that if I do not fully comply with these requirements the SSST will have the right to cancel my application and I shall have no claim against them. I understand that this application and all the supporting documents become the confidential property of the SSST Admissions Office and will not be returned copied or released.

Applicant's signature: _____

Date: _____

Please ensure that you include the **requested original elementary school grade transcripts and send the required documents to:**

mail or

Gimnazija SSST
Bistrik 7
71000 Sarajevo

THANK YOU FOR FILLING OUT THIS FORM. ALL INFORMATION YOU HAVE PROVIDED WILL BE TREATED AS CONFIDENTIAL AND WILL NOT BE USED WITHOUT YOUR PERMISSION.