



INTERNATIONAL UNIVERSITY OF SARAJEVO
INTERNACIONALNI UNIVERZITET U SARAJEVU

STUDENT REQUEST FOR SCHOLARSHIP

| | |
|-------------------------|--|
| Name and Surname: _____ | Student ID Number: _____ |
| Faculty/ Program: _____ | CGPA: _____ |
| ECTS: _____ | |
| Scholarship (%): _____ | Student Status: Enrolled Student / New Student |

To who may concern,

Sincerely,

I declare that all the information given hereby and in the attachments are accurate to the best of my knowledge.

Signature of the Student:

Date:

Contact Phone:
