

FORM OF INTEREST

Form of showing interests filled by international students for admission at the Faculty of veterinary medicine – Skopje, University Ss. Cyril and Methodius.

1. Name *

2. Surname*

3. Father's name*

4. Date of birth* (dd/mm/yyyy)

5. Birth town and State*

Signature

*Please print this form in order to be filed and signed.