

GENERAL INFORMATION AND PERSONAL CONTACT INFORMATION OF THE APPLICANT:			
FIRST AND LAST NAME OF THE APPLICANT:			
Name of the study:	DOCTORAL STUDY OF KINESIOLOGY		
Student's identification number:			
Approval of the topic for acquiring a doctoral degree: <i>(please blacken the field):</i>	<input checked="" type="checkbox"/> within a doctoral study	<input type="checkbox"/> outside a doctoral study	<input type="checkbox"/> based on scientific achievement
First and last name of applicant's mother and/or father			
Date and place of birth:			
Address:			
Telephone / mobile phone number:			
E-mail:			
CURRICULUM VITAE OF THE APPLICANT: (+)			
Education <i>(in chronological order, with most recent first):</i>			
Work experience <i>(in chronological order, with most recent first):</i>			
List of publications and participation in conferences:			
TITLE OF THE PROPOSED TOPIC			
Croatian:			
English:			
PROPOSED OR POTENTIAL MENTOR(S) ^a			
	Title, First and last name:	Institution:	E-mail:
Mentor 1:			
Mentor 2:			
STATEMENT			
I declare under responsibility that I have not submitted a request for approval of an identical topic at any other University.			

Split, _____	Signature _____
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OPINION OF RAPORTEURS (filled in by the Committee):		
ACCEPTED	PARTIALLY ACCEPTED	
NUMBER OF ACCUMULATED ECTS CREDITS (filled in by the Committee)		
Classes	Research activity	Other
Notice (if necessary):		

^a List mentor 2 if it is an interdisciplinary research or if there is another reason for having more than one mentor.

Please, name the file: DR.SC.-02 – Last name First name of the applicant.doc

Please, send the final version of Form DR.SC.-02 both electronically and in printed form – signed – to the Faculty's Student Administration Office.