



UNIVERSITY OF ARTS IN BELGRADE
CENTER FOR INTERDISCIPLINARY STUDIES

INTERNATIONAL APPLICATION FORM 2026/2027

TITLE OF THE STUDY PROGRAMME: CULTURAL POLICY AND MANAGEMENT IN CULTURE

Level of the Study Programme: MA (60 ECTS)

PERSONAL

First name and family name*:

Personal/social security number*:

Passport No*:

Date, Place, Municipality and Country of birth*:

Citizenship*:

Father's first name and family name*:

Mother's first name and family name*:

EDUCATION

Name and address of the University/Faculty where the previous diploma is obtained*:

Title of the study programme accomplished*:

Level of the study programme accomplished*:

Academic title obtained*:
DEGREE IN EDUCATION

ECTS obtained*:

Average mark:

Duration of the programme accomplished*:

Graduation date*:

LANGUAGE PROFICIENCY:

F – fluently

G – good command

WD – with difficulties

ENGLISH

FRENCH

OTHER

PROFESSIONAL

Current employment position:

CONTACT

Address: (street, number, city code, country) *

Telephone number: (home/ cell phone) *

E-mail*: