



Republic of Macedonia
State Statistical Office

Form ŠV.20

Article 26 of the Law on State Statistics ("Official Gazette of Republic of Macedonia" No. 54/97, 21/07, 51/11, 104/13, 42/14, 192/15 i 27/16) and the Programme for Statistical Research for the period from 2018-2022 ("Official Gazette of Republic of Macedonia" No.22/18).

REGISTRATION FORM

FOR STUDENT ENROLLMENT AT UNDERGRADUATE STUDIES
(FIRST CYCLE) AT THE FACULTIES AND PROFESSIONAL STUDIES SCHOOLS
IN 20 __ /20 __

Data gathered with this questionnaire are considered personal data protected by the Law on State Statistics and will be used solely for statistical purposes. No of the business entity as in the unique Registry of business entities

[] [] [] [] [] [] (6)

[] [] [] [] [] [] [] [] (14)

No of the business entity as in the unique Registry of business entities

[] [] [] [] (17)

Numerical of the unit that is part of the entity

Name of University _____

Name of Faculty or Professional School _____

Department _____

Module _____

[] [] [] [] (20)

[] [] [] [] (23)

[] [] [] (25)

Study level (circle the applicable code)

Professional studies 1

Academic university studies 2

Integrated studies 3

School address:

[] [] [] [] [] [] [] [] (31)

Street/No _____ Telephone _____

City _____

Municipality _____

1	Surname, name of one parent and name		
2	UMCN	[] [] [] [] [] [] [] [] Day, month and year of birth	[] [] [] [] [] [] [] [] remaining 6 digits from the UMCN
3	Sex	Male 1	Female 2
4	Place of birth	City	[] [] [] [] [] [] [] [] (55)
		Municipality	[] [] [] [] [] [] [] [] (58)
		Country	[] [] [] [] [] [] [] [] (64)
5	Permanent residence	City	[] [] [] [] [] [] [] [] (67)
		Municipality	[] [] [] [] [] [] [] [] (70)
		Country	[] [] [] [] [] [] [] [] (72)
6	Citizenship		[] [] [] [] [] [] [] [] (75)
7	Nationality (list)		[] [] [] [] [] [] [] [] (77)
8	Prior education and where it was completed	Name of school	[] [] [] [] [] [] [] [] (79)
		Specialty	[] [] [] [] [] [] [] [] (83)
		GPA	[] [] [] [] [] [] [] [] (86)
		Language of instruction	[] [] [] [] [] [] [] [] (88)
		Year studies were completed	[] [] [] [] [] [] [] [] (91)
	Name of the country where the education was completed	[] [] [] [] [] [] [] [] (94)	
9	Year of study you are enrolling in (circle the applicable number)	I II III IV V VI Last year	[] [] [] [] [] [] [] [] (97)
10	Mode of study	full time 1	part time 2

[] [] [] [] [] [] [] [] (97)

[] [] [] [] [] [] [] [] (98)

11	Upon enrolment, does the student pay:		state quota study fees 1	<input type="checkbox"/> (89)
			co-financing 2	
			for enrolling in the same study year 3	
			does not pay 4	
12	Amount paid for state quota study fee; co-financing; enrolling in the same study year (amount stated in Denar currency for a full year of study)			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (95)
13	Have you previously enrolled in the same year of study?		Yes 1 No 2	<input type="checkbox"/> (96)
14	What academic year did you first enroll at this type of school (in the 1st Semester)?			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (100)
15	Occupation	of parent (guardian)		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (104)
		of student		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (108)
16	Social-economic status of the parent's (guardian's) occupation, i.e. the student's (circle a single number next to the applicable option)			
	Parent – Guardian		Student	
	Employed 1	Employed 1	Employer 2	Employer 2
	Self-employed 3	Self-employed 3	Non-compensated contributor to business ran by a family member 4	Non-compensated contributor to business ran by a family member 4
	Unemployed 5	Unemployed 5	Pensioner 6	Pensioner 6
	N/A 7	N/A 7		
				<input type="checkbox"/> (109) <input type="checkbox"/> (110)
17	Level of education (circle a single number next to the applicable option)			
	Father		Mother	
	Secondary School 1	Secondary School 1	High School 2	High School 2
	Professional Studies 3	Professional Studies 3	Higher Education 4	Higher Education 4
	Master of Science 5	Master of Science 5	PhD 6	PhD 6
	Other 7	Other 7	N/A 8	N/A 8

- Question 8 is answered only by students who enrol into 1st year of study for the first time.** All other students that enrol regularly (in 2nd, 3rd year, etc) or re-enrol in the same academic year (from 1 to 6) do not answer this question.
- Question 11 is answered** by circling one of the listed options (1-4), whereas option “state student quota fees” is selected by full time students enrolled in the state quota in line with the conditions prescribed in the Student Enrolment Call for the given academic year. The option “**co-financing**” is selected by full time students that enrol with co-financing (outside of the state quota), part time students, and student enrolling at private universities and faculties. The option “for enrolling in the same study year” applies to students that enrol in the same year of study (2nd, 3rd etc) for the second, third time or more. Students who do not pay any study fees should circle option 4 “does not pay”.
- Question 12 asks for the amount paid by the student upon enrolling in the year of study given in Denar currency for the full year of study, and not for an instalment. The amount noted should correspond to the payment option the student selected in Question 11, namely: the amount of the state quota study fees, co-financing applies to students that enrol with co-financing (outside of the state quota), part time students and student enrolling at private universities and faculties. Students who re-enrol in the same year of study (1st, 2nd, etc) fill in the amount paid for the re-enrolment of the same year of study (1st, 2nd, etc).

If the amount is prescribed in foreign currency, it must be stated in Denar countervalue at the day of payment. **We specifically point out to enter the amount of study fees for a full academic year.**

Time required to fill in this questionnaire minutes.

I confirm the accuracy
of the data filled in for questions
1-17 of this questionnaire

Responsible for the accurately
and fully filled-in questionnaire

In _____ on _____ (date).

(M.P.)

(Full signature of the authorized person)