OBRAZAC 1
(spoljašnji dio)

Grb Crne Gore

REPUBLIKA CRNA GORA

_____
(naziv ustanove)

_____
(sjedište ustanove)

(Znak ustanove visokog obrazovanja)

_____
(Naziv ustanove visokog obrazovanja)

D I P L O M A

OSNOVNIH AKADEMSKIH / PRIMIJENJENIH STUDIJA

_____
(ime i prezime)

rođen/a _____ u _____ završio/la je studije na
(datum) (mjesto-država)

_____ _____ i stekao/la
(naziv ustanove visokog obrazovanja) (datum završetka studija)

STEPEN BACHELOR (BSc/BA/BApp)

_____
(naziv studijskog programa)

sa svim pravima koja pruža ova Diploma

Broj iz evidencije.....

U ..... 200..... godine

Dekan/Direktor

Rektor

Suvi žig

Sastavni dio ove Diplome je Dopuna diplome.

(Sign of the institution)

_____
(name of the higher education institution)

DIPLOMA

UNDERGRADUATE ACADEMIC / APPLIED STUDY PROGRAM

_____
(Name and surname of candidate)

born on _____ in _____
(date) (place-state)

graduated at the _____ on _____ and has been
(name of the higher education istitution) (date)

awarded the

DEGREE OF BACHELOR (BSc/BA/BApp)

_____
(name of the study program)

With all the rights conferred by this Diploma

Record No_____
Place_____Date_____

Dean/Director

Rector

Dry Seal

Diploma Supplement constitutes an integral part of this Diploma.

OBRAZAC 2
(spoljašnji dio)

Grb Crne Gore

REPUBLIKA CRNA GORA

_____
(naziv ustanove)

_____
(sjedište ustanove)

(Znak ustanove visokog obrazovanja)

_____
(Naziv ustanove visokog obrazovanja)

D I P L O M A

POSTDIPLOMSKIH SPECIJALISTIČKIH AKADEMSKIH / PRIMIJENJENIH STUDIJA

_____
(ime i prezime)

rođen/a _____ u _____ završio/la je studije na
(datum) (mjesto-država)

_____ _____ i stekao/la
(naziv ustanove visokog obrazovanja) (datum završetka studija)

STEPEN SPECIJALISTE (Spec.Sci/Spec.Art/Spec.App)

_____
(naziv studijskog programa)

sa svim pravima koja pruža ova Diploma

Broj iz evidencije.....

U ..... 200..... godine

Dekan/Direktor Rektor

Suvi žig

Sastavni dio ove Diplome je Dopuna diplome.

(Sign of the institution)

_____
(name of the higher education institution)

DIPLOMA

POSTGRADUATE SPECIALIZED ACADEMIC / APPLIED STUDY PROGRAM

_____
(Name and surname of candidate)

born on _____ in _____
(date) (place-state)

graduated at the _____ on _____ and has been
(name of the higher education istitution) (date)

awarded the

DEGREE OF SPECIALIST (Spec.Sci/Spec.Art/Spec.App)

_____
(name of the study program)

With all the rights conferred by this Diploma

Record No_____
Place _____Date_____

Dean/Director Rector

Dry Seal

Diploma Supplement constitutes an integral part of this Diploma.

OBRAZAC 3
(spoljašnji dio)

Grb Crne Gore

REPUBLIKA CRNA GORA

_____
(naziv ustanove)

_____
(sjedište ustanove)

(Znak ustanove visokog obrazovanja)

_____
(Naziv ustanove visokog obrazovanja)

D I P L O M A

POSTDIPLOMSKIH MAGISTARSKIH AKADEMSKIH / PRIMIJENJENIH STUDIJA

_____
(ime i prezime)

rođen/a _____ u _____ završio/la je studije na
(datum) (mjesto-država)

_____ _____ i stekao/la
(naziv ustanove visokog obrazovanja) (datum završetka studija)

STEPEN MAGISTRA (MSc/MA/MApp)

_____
(naziv studijskog programa)

sa svim pravima koja pruža ova Diploma

Broj iz evidencije.....

U ..... 200..... godine

Dekan/Direktor Rektor

Suvi žig

Sastavni dio ove Diplome je Dopuna diplome.

(Sign of the institution)

_____
(name of the higher education institution)

DIPLOMA

POSTGRADUATE MASTER ACADEMIC / APPLIED STUDY PROGRAM

_____
(Name and surname of candidate)

born on _____ in _____
(date) (place-state)

graduated at the _____ on _____ and has been
(name of the higher education istitution) (date)

awarded the

DEGREE OF MASTER (MSc/MA/MApp)

_____
(name of the study program)

With all the rights conferred by this Diploma

Record No_____
Place _____Date_____

Dean/Director

Rector

Dry Seal

Diploma Supplement constitutes an integral part of this Diploma.

OBRAZAC 4
(spoljašnji dio)

Grb Crne Gore

REPUBLIKA CRNA GORA

_____
(naziv ustanove)

_____
(sjedište ustanove)

(unutrašnji dio)
(strana 1)

(Znak ustanove visokog obrazovanja)

_____
(Naziv ustanove visokog obrazovanja)

D I P L O M A

OSNOVNIH STUDIJA MEDICINE / STOMATOLOGIJE

_____
(ime i prezime)

rođen/a _____ u _____ završio/la je studije na
(datum) (mjesto-država)

_____ _____ i stekao/la naziv
(naziv ustanove visokog obrazovanja) (datum završetka studija)

DOKTORA MEDICINE / STOMATOLOGIJE (Dr Med.)

_____
(naziv studijskog programa)

sa svim pravima koja pruža ova Diploma

Broj iz evidencije.....

U ..... 200..... godine

Dekan/Direktor Rektor

Suvi žig

Sastavni dio ove Diplome je Dopuna diplome.

(Sign of the institution)

_____
(name of the higher education institution)

DIPLOMA

of
UNDERGRADUATE STUDY OF MEDICINE / STOMATOLOGY

_____
(Name and surname of candidate)

born on _____ in _____
(date) (place-state)

graduated at the _____ on _____ and has been
(name of the higher education istitution) (date)

awarded the professional degree

DOCTOR OF MEDICINE / STOMATOLOGY (Dr Med.)

_____
(name of the study program)

With all the rights conferred by this Diploma

Record No_____
Place_____Date_____

Dean/Director Rector

Dry Seal

Diploma Supplement constitutes an integral part of this Diploma.

OBRAZAC 5
(spoljašnji dio)

Grb Crne Gore

REPUBLIKA CRNA GORA

_____
(naziv ustanove)

_____
(sjedište ustanove)

(Znak ustanove visokog obrazovanja)

_____
(Naziv ustanove visokog obrazovanja)

D I P L O M A

DOKTORSKIH STUDIJA

_____
(ime i prezime)

rođen/a _____ u _____ završio/la je studije na
(datum) (mjesto-država)

_____ _____ i stekao/la
(naziv ustanove visokog obrazovanja) (datum završetka studija)

STEPEN DOKTORA NAUKA (PhD)

_____
(naziv studijskog programa)

sa svim pravima koja pruža ova Diploma

Broj iz evidencije.....

U ..... 200..... godine

Dekan/Direktor Rektor

Suvi žig

Sastavni dio ove Diplome je Dopuna diplome.

(Sign of the institution)

_____
(name of the higher education institution)

DIPLOMA
of
DOCTORAL STUDY

_____
(Name and surname of candidate)

born on _____ in _____
(date) (place-state)

graduated at the _____ on _____ and has been
(name of the higher education istitution) (date)

awarded the

DEGREE OF DOCTOR OF SCIENCE (PhD)

_____
(name of the study program)

With all the rights conferred by this Diploma

.

Record No_____
Place_____Date_____

Dean/Director Rector

Dry Seal

Diploma Supplement constitutes an integral part of this Diploma