

**ENROLMENT FORM**

*To be completed by the student. Fill out in UPPERCASE LETTERS or circle the appropriate answer.*

1.	FIRST NAME		LAST NAME	
2.	JMBAG (from X card)			Index number
3.	Academic year of enrolment:			<b>2020/2021</b>
4.	Name of degree program:			<b>MEDICINE</b>
5.	<b>Type of degree program:</b> Integrated undergraduate and graduate degree			6. Year of enrolment in the degree program:
				<b>I. II. III. IV. V. VI.</b>
7.	<b>Enrolment indicator:</b> 1. enrolling for the first time or earned 60 ECTS 2. earned 42-59 ECTS 3. earned less than 42 ECTS ("repeating" year) 4. transfer from another university			8. <b>Student status:</b> Full-time student <b>PARTICIPATING IN THE COSTS OF STUDY</b>
9.	<b>Marital status:</b> <input type="checkbox"/> single <input type="checkbox"/> married			10. Do you have health insurance: YES NO Insurance basis (e.g. parents):
11.	<b>Living arrangements during study:</b> 1. with parents 2. with relatives 3. apartment/house rental 4. student dormitory 5. in own or spouse's residence 6. other			12. <b>Student's source of income during study:</b> 1. parents 2. relatives 3. scholarship 4. bank loan 5. personal income 6. spouse 7. other
13.	<b>Address while at university (in or near Split):</b>			<b>Permanent residence address (in your city/country of origin):</b>
14.	Contact telephone (mobile) while at university:			
	Contact telephone at permanent residence address:			
15.	E-mail:			

I hereby give my consent for using my personal data for achieving standard student rights, including library services. I give my consent that my e-mail address which is stored in the [AAI@Edu.hr](mailto:AAI@Edu.hr) system can be used as the contact for various research projects as well as for achieving student rights.

Completed forms and the index book, along with the submitted documents and photocopies, serve as the basis for electronic data processing for achieving the rights of enrolled students during their studies based on their full time student status in the Republic of Croatia. By signing the enrolment forms, I give my consent to the University of Split School of Medicine to collect and process my data only for the above stated purposes.

In Split, \_\_\_\_\_ 2020

Student's signature

*Administrative use only*

<b>Student has earned less than 42 ECTS in previous academic year</b>	Yes	<b>Number of ECTS earned in the previous academic year</b>		Subsequent enrolments:
	No			
Examinations/Courses not passed in the previous academic year:				
1.		5.		
2.		6.		
3.		7.		
4.		8.		
				Enrolment date: 2020
				<b>Josip Barić, LLB</b> (Head of the Student Office)