## UNIVERSITY OF SPLIT SCHOOL OF MEDICINE

Office for Medical studies in English

## **ENROLMENT FORM**

	To b	e compl	eted	by the si	udent. Fill oi	ut in UP	PERCAS	E LETTERS	or circle th	he approp	priate d	inswe	r.				
1	FIRST					LA	ST										
1.	NAME				NA	ME											
2.	JMBAG (from X card)							Index nu	ımber		# #	#					
3.			А	cademi	c year of enro	lment:		2019/2020									
4.				Name	of degree pro	ogram:	MEDICINE										
5.	Type of degree program:							Year of enrolment in the degree program:									
	Integrated undergraduate and graduate degree						6.	I.	II.	III.		<b>V</b> .	V		VI.		
7.	2. earned 42	for the f 2-59 EC ss than 4	first t TS 42 EO	CTS ("re	earned 60 EC peating" year ty		8.	Student status: Full-time student PARTICIPATING IN THE COSTS OF STUDY									
9.	Marital statu	<b>1s:</b> □ s	single	e □ ma	rried		10.	Do you have health insurance: YES NO Insurance basis (e.g. parents):									
11.	Living arram 1. with pare 2. with relat 3. apartmen 4. student d 5. in own on 6. other	ents tives nt/house i ormitory	renta	1	dy:		12.	Student's source of income during study:   1. parents   2. relatives   3. scholarship   4. bank loan   5. personal income   6. spouse   7. other									
13.	Address whil	le at uni	vers	ity (in o	r near Split)	:	Permanent residence address (in your city/country of origin):										
14.	Contact telephone (mobile) while at university:																
	Contact telephone at permanent residence address:																
15.					E												
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 <u>AAI@Edu.hr</u> 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, 2019							Stude	Student's signature									
Administrative use only																	
Student has earned less than 42 ECTS in previous academic yearYesNoExaminations/Courses not passed1.2.3.				Number of ECTS earned in the previous academic year   in the previous academic year:   5.   6.   7.			:	Subsequent enrolments:									
4.				8.													
							Enrolmen	t date:				2019	)				
								Josip Barić, LLM (Head of the Student Office)									