

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)			
3.	Academic year of enrolment:			2026/2027
4.	Name of degree program:			MEDICINE
5.	Type of degree program: Integrated undergraduate and graduate degree			6.
Year of enrolment in the degree program: I. II. III. IV. V. VI.				
7.	Enrolment indicator: 1. enrolling for the first time or earned 60 ECTS 2. earned 40-59 ECTS 3. earned less than 40 ECTS ("repeating" year) 4. transfer from another university			8.
				Student status: Full-time student PARTICIPATING IN THE COSTS OF STUDY
9.	Marital status: ☐ single ☐ married			10.
				Do you have health insurance: YES NO Insurance basis (e.g. parents):
11.	Living arrangements during study: 1. with parents 2. with relatives 3. apartment/house rental 4. student dormitory 5. in own or spouse's residence 6. other			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 while at university (including floor and landlord's surname):			Permanent residence address (in your city/country of origin):
14.	Contact telephone (mobile) while at university:			
15.	E-mail:			

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

Completed forms and the submitted documents 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 form, 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, _____ 2026	Student's signature
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ADMINISTRATIVE USE ONLY

Student gained less than 42 ECTS in previous academic year	Yes	Number of ECTS gained in the previous academic year		Subsequent enrolments:
	No			
Examinations/Courses not passed in the previous academic year:				
1.	5.			
2.	6.			
3.	7.			
4.	8.			
				Enrolment date: 2026

STUDENT COURSE REGISTRATION (please circle)	YEAR 4						
	ISVU Code	Code	Course leader	Course	Teaching Hours	L + S + P* (pre-clinic)	ECTS Credits
WINTER SEMESTER (7th semester)							
YES-NO	283226	ENM406	Assoc. Prof. Varja Đogaš	Psychological Medicine II	30	10+10+10	2
YES-NO	283227	ENM410	Prof. Joško Božić	Dermatovenerology	70	20+20+30	4
YES-NO	283228	ENM401	Assoc. Prof. Sanja Lovrić Kojundžić	Radiology	70	18+8+44	4
YES-NO	283229	ENM409	Assoc. Prof. Davor Lasić	Psychiatry	100	30+20+50	5
YES-NO	283230	ENM407	Assoc. Prof. Ivica Bilić	Neurology	90	20+25+45	7
YES-NO	283231	ENM402	Assist. Prof. Ana Barić Žižić	Nuclear Medicine	40	12+14+14	2
YES-NO	283232	ENM412	Prof. Darko Duplančić	Medical Humanities IV - Medical Ethics III	15	2+13+0	1
SUMMER SEMESTER (8th semester)							
YES-NO	283233	ENM403	Prof. Darko Duplančić	Internal Medicine	360	72+72+216	20
YES-NO	283234	ENM408	Prof. Joško Božić	Neurosurgery	15	4+6+5	1
YES-NO	283235	ENM405	Prof. Ivana Goić Barišić	Clinical Microbiology and Parasitology	30	12+18+0	2
YES-NO	283236	ENM404	Assoc. Prof. Dragan Ledina	Infectology	95	20+26+49	7
YES-NO	283237	ENM411	Assist. Prof. Leida Tandara	Laboratory Diagnostic	30	15+10+5	2
YES-NO		ENME...		Elective course:	25	5+15+5	1,5
YES-NO		ENME...		Elective course:	25	5+15+5	1,5
	* Total teaching hours = Lectures + Seminars + Practicals ** Courses without grade (pass/fail)				995		60
Date: _____ Approved by: _____ _____ Professor Joško Božić Vice Dean for Medical Studies in English _____ Dalibora Behmen, M.A. Head of the Student office							