UNIVERSITY OF SPLIT
SCHOOL OF MEDICINE
Office for Medical studies in English

Form no. 3.

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:		**2025/2026**	
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 42-59 ECTS 3. earned less than 42 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, _____ 2025	Student's signature

ADMINISTRATIVE USE ONLY

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

Enrolment date: 2025

STUDENT COURSE REGISTRATION (please circle)	YEAR 2						
	ISVU Code	**Code**	**Course leader**	**Course**	**Teaching Hours**	**L + S + P*** (pre-clinic)	**ECTS Credits**
WINTER SEMESTER (3rd semester)							
YES-NO	254539	ENM204	Prof. Zoran Valić	Physiology	180	30+94+56	20
YES-NO	254541	ENM208	Prof. Darko Duplančić	Medical Humanities and Ethics I	15	6+9+0	1
YES-NO	254542	ENM205	Prof. Ivana Marinović Terzić	Immunology	55	15+27+13	4
SUMMER SEMESTER (4th semester)							
YES-NO	254543	ENM206	Prof. Maja Valić	Basic Neuroscience	115	23+53+39	9
YES-NO	254544	ENM207	Assoc. Prof. Mladen Carev	Clinical Skills II	60	8+0+52	3
YES-NO	254545	ENM202	Assoc. Prof. Sandra Kostić	Histology and Embryology	115	34+47+34	10
YES-NO	254546	ENM201	Prof. Vedrana Čikeš Čulić	Medical Chemistry and Biochemistry II	100	34+34+32	8
YES-NO	254547	ENM203	Prof. Ana Jerončić	Research in Biomedicine and Health II	25	0+10+15	2
YES-NO		ENME…		Elective course - group 1 ***	25	5+15+5	1,5
YES-NO		ENME…		Elective course - group 1 ***	25	5+15+5	1,5
YES-NO	254549	ENM210	Anamaria Sabatini, MA	Croatian Language II ***	60	0+60+0	0
YES-NO	254550	ENM209	Hrvoje Ljubičić, MKin	Physical Education II ***	60	0+0+60	0
	***** Total teaching hours = Lectures + Seminars + Practicals ****** Physical Education and Croatian language are not included in the total teaching hours quota *** Courses without grade (pass/fail)				**835** ****715**		**60**

Date:
Approved by:

_____
Associate Professor Joško Božić
Vice Dean for Medical Studies in English

_____
Dalibora Behmen, M.A.
Head of the Student office