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:		**2021/2022**	
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:			
	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 system can be used as the contact for various research projects as well as for achieving 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, _____ 2021	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: 2021

Josip Barić, LLM
(Head of the Student Office)