## UNIVERSITY OF SPLIT SCHOOL OF MEDICINE

Office for Medical studies in English

## **ENROLMENT FORM**

	To be a	complete	ed by the	studer	nt. Fill	l out ii	n UP	PERCA	SE LETTERS	S or circl	e the	approp	riate answ	er.			
1.	FIRST LA NAME NA																
2.	JMBAG (from X card)																
3.	· · · · · · · · · · · · · · · · · · ·		Academ	ar of e	nrolm	ent:	2023/2024										
4.	Name of degree program:								MEDICINE								
5.	<b>Type of degree program:</b> Integrated undergraduate and graduate degree							6.	Year of enrolment in the degree program:I.III.IIV.V.VI.								
7.	<ul> <li>Enrolment indicator:</li> <li>1. enrolling for the first time or earned 60 ECTS</li> <li>2. earned 42-59 ECTS</li> <li>3. earned less than 42 ECTS ("repeating" year)</li> <li>4. transfer from another university</li> </ul>								I.II.III.IV.V.VI.Student status: Full-time student PARTICIPATING IN THE COSTS OF STUDY								
9.	Marital status:  Single  married								Do you have health insurance: YES NO Insurance basis (e.g. parents):								
11.	<ul> <li>Living arrangements during study:</li> <li>1. with parents</li> <li>2. with relatives</li> <li>3. apartment/house rental</li> <li>4. student dormitory</li> <li>5. in own or spouse's residence</li> <li>6. other</li> </ul>							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):							Perma	nent reside	nce addr	ress (i	in your	city/coun	try of or	igin):		
14.	Contact telephone (mobile) while at university:																
Contact telephone at permanent residence address:																	
15.																	
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 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,2023 Student's signature												as for					
III SF	om,		tudent's signature														
		Ŧ					lmini	strative	-								
Student gained less than 42 ECTS in previous academic yearYesNo			s ga previ	iber of ined i ous ac yea	n the caden r	nic	Voor		Subsequer	nt enrolm	ents:						
Examinations/Courses not passed in the previous academic year 1. 5.							•	1									
2.			6.	6.					1								
3.			7.						4								
4. 8.							Enrolme	ent date:				2023					
								Ti	na K		•	MSc.		on.	•		