

REQUEST FOR COURSE EXEMPTION

COMPLETED BY THE STUDENT

*the request must be **submitted to the Office for Medical studies in English** by 15 October of the current academic year for course exemptions in that academic year.

Student's name and last name: _____

Split, __ / __ / 20__

Title of the course for which exemption is requested:

Title of the equivalent course taken previously:

Date when the exam was passed:

Name of the University where the course was taken:

Enclosed:

- Verified transcript of records
- Verified curriculum

Student's signature:

COMPLETED BY THE DEPARTMENT

Upon inspecting the documentation submitted by the student, I made the following

DECISION

- A The exam is accepted
- B The exam is rejected
- C The exam is partially accepted with the obligation of taking part of the course:

Grade: _____

Date: _____

Course leader signature:
