

.....
Submission date

.....
Name and surname

.....
Student's ID No.

.....
Programme of study / year

.....
Host Faculty

FOREIGN LANGUAGES REGISTRATION FORM

I'd like to be registered for the classes of.....(specify the language), group no.: course
code:in the summer/winter* semester in the academic year..... .

Lecturer:

Lecturer's signature:

I'd like to be signed out from the classes of(specify the language), group no.: course
code:in the summer/winter* semester in the academic year

Lecturer:

Lecturer's signature:

*Please circle the appropriate semester.

Explanation:.....
.....
.....

.....
Student's signature

Signature of the Director of Studies :