

**Faculty of Veterinary Medicine
University of Zagreb**

Students identification number

ENROLMENT FORM

Question	Answer (circle the appropriate number)																				
First and Last name																					
E-mail:																					
Phone:																					
Mobile:																					
Personal identification number (OIB)	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																				
Academic year of enrolment	____ / ____																				
Name of the study program enrolled in																					
Year of study enrol in	1 2 3 4 5 6																				
Indicator of enrolment 1. First time enrolment 2. Repeated enrolment 3. Enrolment after coming from another HEI 4. Other	<table style="width: 100%;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">1</td> <td style="width: 25%; text-align: center;">2</td> <td style="width: 25%; text-align: center;">3</td> <td style="width: 25%; text-align: center;">4</td> </tr> </table>		1	2	3	4															
	1	2	3	4																	
Student Status 1. Full-time student with proper financing 2. Partial student with proper financing	<table style="width: 100%;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: center;">1</td> <td style="width: 50%; text-align: center;">2</td> </tr> </table>		1	2																	
	1	2																			
Temporary address during studies																					
Medical Insurance provider 1. Croatian Health Insurance Fund (HZZO)	a) basic coverage b) supplemental coverage																				
2. Other Croatian provider	_____																				
3. Other provider from abroad	_____																				
Zagreb, _____ _____	Date of enrolment _____																				
Student signature	Signature of Faculty official																				

