







Faculty of Veterinary Medicine University of Zagreb

Students	identification	numbei

ENROLMENT FORM

Question	Answer (circle the appropriate number)					
First and Last name						
E-mail:						
Phone:						
Mobile:						
Personal identification number (OIB)						
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	1 2 3 4					
Student Status 1. Full-time student with proper financing 2. Partial student with proper financing	1 2					
Temporary address during studies						
Medical Insurance provider	a) hasia assuma					
1. Croatian Health Insurance Fund (HZZO)	a) basic coverageb) supplemental coverage					
2. Other Croatian provider						
3. Other provider from abroad						
Zagreb,	Date of enrolment					
Student signature	Signature of Faculty official					







Course coordinator's name	Name of the course	T	Total amount of hours			
		L	S	P	FW	
	Winter semester					
						l
Course coordinator's	Name of the course	Total amount of hours				ECTS
name						
name		L	S	P	FW	
name	Summer semester	L	S	P	FW	
name	Summer semester	L	S	P	FW	
Hame	Summer semester	L	S	P	FW	
	Summer semester	L	S	P	FW	
	Summer semester	L	S	P	FW	
	Summer semester	L	S	P	FW	
	Summer semester	L	S	P	FW	
	Summer semester	L	S	P	FW	
	Summer semester	L	S	P	FW	
	Summer semester	L	S	P	FW	
	Summer semester	L	S	P	FW	
	Summer semester	L	S	P	FW	
	Summer semester	L	S	P	FW	
	Summer semester		S	P	FW	
	Summer semester		S	P	FW	

L-Lectures S- Seminars P- Practicals FW- Field work ECTS- European Credit Transfer and Accumulation System