



1919-2019  
FACULTY OF  
VETERINARY MEDICINE  
UNIVERSITY OF ZAGREB



**Faculty of Veterinary Medicine**  
**University of Zagreb**  
Department of Microbiology and Infectious Diseases with Clinic

### MIDTERM APPLICATION FORM

I, \_\_\_\_\_ (first and last name) certify that I'm applying  
for the midterm for the course **Infectious Diseases of Domestic Animals** which will be held  
on \_\_\_\_\_.

Zagreb, \_\_\_\_\_

\_\_\_\_\_  
(Student signature)



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