



**DOKTORSKI
STUDIJ**
VISOKE RAZINE
KVALITETE



**Faculty of Veterinary Medicine
University of Zagreb**

(First and last name of student)

(Student identification number and phone number)

Zagreb, _____

REQUEST TO THE DEAN OF THE FACULTY

Dear Sir,

Please consider my request to take the exam in front of the Commission for the following course _____

The last and third time the examiner was _____

Kindest regards,

(Student signature)