

**Faculty of Veterinary Medicine
University of Zagreb**

Student identification number (SIN)

Academic semester approval – request form

Dear Sir,

I, _____ would like to get _____ winter /summer
(first and last name, capital letters) (number) (circle one option)

semester of the academic year _____ / _____ approved.

Zagreb, _____
(date)

(Student signature)

Professor Marko Samardžija, Dean