

Date: _____

APPROVAL FORM FOR THE ENROLMENT OF ELECTIVE COURSES

According to the Article 29 of the Regulations on Studying at Undergraduate and Graduate Studies of the University of Zagreb, the below named student is allowed to enrol in the chosen elective course within the university study programmes conducted by other respective constituency(ies) of the University of Zagreb.

1. STUDENT'S DATA

Student name (first & family name)	
Study programme	
Academic year	
Semester (winter / summer)	
OIB number of the student	
Immatriculation number (JMBAG)	
To be confirmed by the Student services of the student's home faculty / academy of the University of Zagreb:	
Signature: _____	
Date, Stamp	

2. INFORMATION ON THE ELECTIVE COURSE

Name of the course teacher	
Academic rank of the course teacher	
Title of the course in English	
Title of the course in Croatian (if possible)	
Total number of hours per semester	_____ lectures, _____ exercises, _____ seminar, _____ ECTS
Name of the faculty / academy of the University of Zagreb that conducts the	

course	
Address of the faculty / academy of the University of Zagreb	

Important: With the signature, the course teacher gives his/her approval for the enrolment and participation of the student in class and examination activities of the course listed under No. 2. The teacher is obligated to deliver the course description and examination literature and to inform the ECTS-coordinator and the student services of the student's home faculty / academy about the final grade and number of ECTS obtained by the student.

Signature of the course teacher: _____

E-mail of the course teacher: _____

Phone of the course teacher: _____

3. APPROVAL OF THE HOME FACULTY / ACADEMY OF THE UNIVERSITY OF ZAGREB

The respective home faculty / academy of the University of Zagreb herewith approves the enrolment of the student in the above listed course.

Attestation by the ECTS-coordinator of the student's home faculty / academy of the University of Zagreb: _____

Date, Signature, Stamp

4. INFORMATION ABOUT THE COURSE EXAMINATION

NUMBER OF TIMES THE EXAM WAS TAKEN (student is allowed to sit for exam 4 times max.)	EXAMINATION DATE	GRADE OBTAINED	NUMBER OF ECTS OBTAINED

Signature of the course teacher: _____

Attestation by the responsible person of the higher education institution where the examination was taken: _____

Signature, Stamp



5. DECISION OF THE ECTS-COORDINATOR OF THE RESPECTIVE HOME FACULTY / ACADEMY OF THE UNIVERSITY OF ZAGREB

Date: _____

Signature: _____

6. INFORMATION FOR THE IMPORT OF THE COURSE DATA IN THE INFORMATION SYSTEM OF HIGHER EDUCATION INSTITUTIONS (ISVU)

ISVU code of the course: _____