

Student's name: _____

Year of study: _____

Semester: _____

Date: _____

EXAM REGISTRATION FORM

I hereby register for the exam in **compulsory** / **elective** (circle) course from the first / second (circle) semester.

Course: _____

for¹:

EXAMINATION PERIOD	EXAM DATE	APPLICATION DEADLINE
1st period	a. 14.02.2018. (1st term) b. 21.02.2018. (2nd term)	07.02.2018.
2nd period	a. 14.03.2018. (1st term) b. 21.03.2018. (2nd term)	07.03.2018.
3rd period	a. 11.04.2018. (1st term) b. 18.04.2018. (2nd term)	04.04.2018.
4th period	a. 09.05.2018. (1st term) b. 16.05.2018. (2nd term)	02.05.2018.

Student's signature

Signature (approval) of the course teacher²:

¹ Circle the chosen exam date.

² Approval of the course teacher can be sent to the email of the Student Administration Office dsk@kifst.hr.