

Student's name: _____

Year of study: _____

Semester: _____

EXAM REGISTRATION FORM

I hereby register for the exam in compulsory / elective (circle) course from the winter / summer (circle) semester of the 2018./2019. academic year.

Course: _____

for¹: _____

EXAMINATION PERIOD	EXAM DATE	APPLICATION DEADLINE
1st period	a. 27.02.2019. b. 06.03.2019.	18.02.2019. until 12 am
2st period	a. 27.03.2019. b. 03.04.2019.	18.03.2019. until 12 am
3st period	a. 24.04.2019. b. 06.05.2019.	15.04.2019. until 12 am
4st period	a. 26.06.2019. b. 03.07.2019.	17.06.2019. until 12 am

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.