Winter/Summer semester ……..……….

(academic year)

**Student’s name**: …………………………………

Faculty: ………………………………………………..

Classes:

| **No:** | **Course’s title** | **ECTS** | **USOS Code** |
| --- | --- | --- | --- |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
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Priority for registration is given to students undertaking studies at our Faculty.   
Students from other units who wish to take our classes will be enrolled when available.

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date and Student’s signature