No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 |  |
| 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. 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

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

ISVU code of the course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_