



FACULTY OF BIOMEDICAL ENGINEERING
Study department

APPLICATION TO RECOGNISE THE CREDIT- SECOND ENROLMENT OF THE SUBJECT
(Please submit one application for each tutor)

Surname:	Name:.....
Date of birth:	
Phone:	E-mail:

Study program, branch:.....
Academic year:.....Year:.....
Form of study: regular / combined

I REQUEST RECOGNITION OF THE CREDIT (SECOND ENROLMENT) in WS / SS of the academic year	
Code of the subject:	Tutor:.....
Date of granting the credit (during the first enrolment):.....	
Supervising department.:KZOOO.....KBT.....KBI.....KPO.....KIT.....	
Date:.....	Student's signature:.....

OPINION OF THE TUTOR RESPONSIBLE FOR THE SUBJECT:
Name and surname:
I agree
I disagree due to the following reason/s:
.....
.....
.....
Date:
Signature: