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| **APPLICATION FOR STUDY CONTINUATION** |

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| 1. **INFORMATION ON DOCTORAL CANDIDATE** | | |
| Name and surname |  | |
| PIN |  | |
| Student’s Reg. No. |  | |
| Contact address |  | |
| Phone/cell phone |  | |
| E-mail |  | |
| Academic year of enrolment into the first year of the study programme |  |  |
| Academic year of enrolment into the second year of the study programme |  |  |

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| **INFORMATION ON REQUESTED STUDY CONTINUATION** | |
| Year of study the student wishes to continue |  |
| Academic year in which the student wishes to continue his studies |  |

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| **APPLICATION ENCLOSURES** |
| * Copy of the Student’s Record Book * Copy of the confirmation on paid tuition for previous years of studies |

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| Date |  |
| Student’s handwritten signature |  |

Filled out Application is to be submitted in printed form to the Committee for Postgraduate Studies of the Faculty of Medicine Osijek, Cara Hadrijana 10e, Osijek.

If necessary, the Application may also include an addendum detailing the circumstances of study termination or continuation