Sveučilište Josipa Jurja Strossmayera u Osijeku

KINEZIOLOŠKI FAKULTET OSIJEK

Drinska 16a, 31000 Osijek

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Ime i prezime studenta

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Mjesto i adresa stanovanja

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Broj mobitela i e-mail

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JMBAG

upisani studij i godina (zaokruži): 1. prijediplomski 1. godina

2. diplomski 2. godina

3. godina

status studenta u trenutku predaje zahtjeva (zaokruži): 1. redoviti

2. izvanredni

ZAHTJEV

Molim da mi se odobri \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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U Osijeku, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ godine.

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potpis