



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. APPROVAL OF THE HOME FACULTY / ACADEMY OF THE UNIVERSITY OF ZAGREB

The respective home faculty / academy of the University of Zagreb herewith approves the enrolment of the student in the above listed course.

Attestation by the ECTS-coordinator of the student's home faculty / academy of the University of Zagreb: \_\_\_\_\_

Date, Signature, Stamp

### 4. INFORMATION ABOUT THE COURSE EXAMINATION

NUMBER OF TIMES THE EXAM WAS TAKEN	EXAMINATION DATE	GRADE OBTAINED	NUMBER OF ECTS OBTAINED
(student is allowed to sit for exam 4 times max.)			

Signature of the course teacher: \_\_\_\_\_

Attestation by the responsible person of the higher education institution where the examination was taken: \_\_\_\_\_

Signature, Stamp



Sveučilište u  
Zagrebu



**PRAVNI FAKULTET  
SVEUČILIŠTA U ZAGREBU**

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

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