|  |  |
| --- | --- |
| Name and surname: |  |
| Study program: |  |
| Address (street, city): |  |
| Phone number, e-mail: |  |

**REQUEST**

I request the University of Zagreb Faculty of Agriculture to approve:

|  |  |
| --- | --- |
| 1. suspension of liabilities
 |  |
| 1. enrollment of the course in another study program
 |  |
| 1. annulment of the enrolled course
 |  |
| 1. transition to another study program
 |  |
| 1. subsequent enrollment
 |  |
|  |  |  |

Explanation/comment:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the applicant

|  |  |
| --- | --- |
| In Zagreb, |  |

Attached to this request:

* confirmation of payment for the costs of processing the request in the amount of 2,50 €
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\**The answer to your request will be available in the Student records office*

OB-NST-6/4