**REQUEST FOR ISSUING A TRANSCROPT OF RECORDS AND CERTIFIED CURRICULUM**

|  |  |
| --- | --- |
| **Name:** | Click or tap here to enter text. |
| **Address:** | Click or tap here to enter text. |
| **Phone number:** | Click or tap here to enter text. |
| **E-mail:** | Click or tap here to enter text. |
| **Date:** | Click or tap to enter a date. |
| **Name of study and year of enrolment:** | Click or tap here to enter text. |
| Click or tap here to enter text. |
| **Full name of the applicant during studies:** | Click or tap here to enter text. |

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| --- | --- | --- | --- |
| **I kindly request the issuance:** | | Mark with an X: | |
| 1. **Transcript of Records** | |  | |
| 1. **Certified curriculum** | * all courses |  | |
| * single course |  | Click or tap here to enter text. |

I am attaching to the request:

1. Copy of the certificate (not mandatory)
2. Confirmation of the amount paid
3. Copy of the identity card (mandatory)

|  |  |
| --- | --- |
| **Payment Information for the Fee:**  **Recipient:** Faculty of Management in Tourism and Hospitality, Primorska 46, 51410 Opatija  **IBAN:** HR1323600001101496052  **SWIFT:** ZABAHR2X (for payments from abroad)  **Reference Number:** 6694 – Student OIB  **Purpose:** Transcript of Records | **Payment Information for the Fee:**  **Recipient:** Faculty of Management in Tourism and Hospitality, Primorska 46, 51410 Opatija  **IBAN:** HR1323600001101496052  **SWIFT:** ZABAHR2X (for payments from abroad)  **Reference Number:** 6694 – Student OIB  **Purpose:** Certified curriculum |

(Signature)