**REQUEST FOR ISSUANCE OF ENROLLMENT CERTIFICATE**

**for students who have completed their studies**

**and for students who are not enrolled for the current academic year**

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| --- | --- |
| **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. |
| **Type of study programme:** | Choose an item. |
| **Year of enrolment:** | Click or tap here to enter text. |
| **Year of graduation/termination of studies:** | Click or tap here to enter text. |
| **Full name of the applicant during studies:** | Click or tap here to enter text. |
| **At my personal request, I would like a certificate of enrollment to be issued for the following purpose:** | Click or tap here to enter text. |

I enclose the following documents with my application:

1. A copy of my identity card (mandatory)
2. A copy of my diploma
3. Other documents:

The form should be submitted by email to: [studentska@fthm.hr](mailto:studentska@fthm.hr) .

Date: Click or tap to enter a date.

Signature