



Sveučilište u Rijeci • Fakultet dentalne medicine University of Rijeka • Faculty of Dental Medicine

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Application form for the Dean's Award, academic year 2023/2024

First and Last Name:	
JMBAG:	
Address of residence:	
Phone number:	
E-mail:	
Academic year of study enrollment:	
Year of study:	Valuation year:
List of associations/organizations/faculty as participated:	nd/or university bodies in which the student
List of attached documents:	
I hereby declare that the data provided in th documents are authentic: YES	is application are true and that all the attached
Signature:	
Place and date of application:	