NAME AND SURNAME _____   Student ID number Mobile number _____

I started studying in the academic year _____.

In the academic year 2025./2026. I am enrolling in the_____year of study (write which two neighboring years of study, e.g. 1./2.)

Courses from the previous year of study (full name of the course)	Number of times you are taking this course (write 1., 2., 3. time, etc.)	Course ECTS credits (see the data for the current academic year on the website)	Is it obligatory to attend classes (write YES or NO)*	Courses from the next year of study (full name of the course)	Number of times you are taking this course (write 1., 2., 3. time, etc.)	Course ECTS credits (see the data for the current academic year on the website)	Is it obligatory to attend classes (write YES or NO)*

TOTAL ECTS CREDITS**:		**				**	

* When retaking the course, it is necessary to consult the course leader at the department is it obligatory to re-attend classes of that course.

STUDENT SIGNATURE   Date