



**Sveučilište u Rijeci**  
University of Rijeka



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

Krešimirova 40/42 • 51000 Rijeka • CROATIA  
Phone : + 385 51 559 200; 559 201, 559 202

## Application form for the Dean's Award, academic year 2024/2025

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 and/or university bodies in which the student participated:

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List of attached documents:

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I hereby declare that the data provided in this application are true and that all the attached documents are authentic:

**YES**

Signature: \_\_\_\_\_

Place and date of application: \_\_\_\_\_