



INTERNATIONAL UNIVERSITY OF SARAJEVO
INTERNACIONALNI UNIVERZITET U SARAJEVU

F-58/01

STUDENT REQUEST FOR ADDITIONAL / LATE REGISTRATION OF COURSE(S)

Name and Surname: _____	Student ID Number: _____

Faculty/ Program: _____	CGPA: _____

Request and reasons for requesting for stated issue:

I kindly ask you to approve additional/late registration of course(s) for fall/spring semester in the 2016-17 Academic year.

Please write below course code, section and full name course(s)!

1.

(_____) _____

2.

(_____) _____

3.

(_____) _____

4.

(_____) _____



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5.

() _____

6.

() _____

Reason for registration of additional course(s):

1. Improving the grade
2. Missing credits
3. Other (please specify)

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I declare that all the information given hereby and in the attachments are accurate to the best of my knowledge.

Signature of the Student:

Date:

Contact Phone:

NOTE: * Please attach the transcript and all other documents needed with the request.