



INTERNATIONAL UNIVERSITY OF SARAJEVO
INTERNACIONALNI UNIVERZITET U SARAJEVU

F-43/01

REQUEST FOR INTERNAL FACULTY/PROGRAM TRANSFER

Student Name and Surname: _____ Student ID Number: _____

CGPA: _____ Scholarship status (%): _____

TRANSFER FROM: Faculty _____ Program _____

TRANSFER TO: Faculty _____ Program _____

Student Signature: _____ Date: _____ Contact Phone: _____

NOTE:

** Please attach the transcript with the request!*