



INTERNATIONAL UNIVERSITY OF SARAJEVO
INTERNACIONALNI UNIVERZITET U SARAJEVU

F-44/01

STUDENT APPEAL/REQUEST

Name and Surname: _____ Student ID Number: _____

Faculty/ Program: _____ CGPA: _____

Request and reasons for appealing for stated issue:

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:
