



SPECIAL PERMISSION FOR ENROLMENT IN MORE THAN 30 ECTS

Semester: Fall/Spring _____ ID no./Passport no.: _____

Level of studies: PhD Master

Full Name: _____ Telephone: _____

Department: _____ Programme of studies: _____

(To be completed by the student)

I would like to register in courses that correspond to _____ ECTS. *(Please write the no. of ECTS)*

I would like to register in the following courses:

1. MAM Course _____ 2. MAM Course _____ 3. MAM Course _____

Student's signature: _____ Date: _____

Total no. of ECTS that I have successfully completed until today: _____ ECTS

Reasons – **accompanied by a transcript:**

REGISTRATION IN MORE THAN 30 - 45 ECTS (APPROVAL BY THE CHAIRPERSON OF THE DEPARTMENT)

I approve the registration of the student for the following reasons

I do not approve the registration of the student for the following reasons

Signature of the Chairperson of the Department: _____ Date: _____