

[COURSE SELECTION FORM]



Date: __ / __ / 20__

Faculty: _____ Department: _____

Program: _____

Student's phone number: _____

Student's email address: _____

Name: _____

Surname: _____

Student's ID: _____

Semester: _____

Semestral Courses

Course Code	Course Name	Credits (ECTS)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Supervisor's Signature: _____

Date: _____

Student's Signature: _____

Date: _____