

CONFIRMATION REGISTRATION AS A FULLTIME STUDENT OR PROMOVENDI



Information student/promovendi

Name: _____

Date of birth: _____

Type of registration: Student Promovendi

Is registered as a fulltime student or promovendi: Yes No

Year of study: 2017/2018 2018/2019

Address on campus

Complex and Roomnumber _____

Signed by a University or a Higher Educational Institution

Name of Institution: _____

Signature: _____

Date: _____

Stamp of University or
Higher Educational Institution

