



**EUROPIAN UNIVERSITY**  
REPUBLIC OF MACEDONIA

## SEMESTER REGISTRY FORM

Faculty of \_\_\_\_\_ semester in succession

Surname and name \_\_\_\_\_

Day, month and year of birth \_\_\_\_\_

Place of birth \_\_\_\_\_

Citizenship \_\_\_\_\_

Occupation of the parent/s \_\_\_\_\_

Address of student's residence \_\_\_\_\_

Attended the winter / summer semester in the school year of 20\_\_\_\_ / 20\_\_\_\_ as a full time / part time student

<b>S u b j e c t s</b>	<b>Lecturer's name and surname</b>	<b>Number of lectures per week</b>	<b>N o t e</b>

**Student's signature**

**It is evident from the Student Identification Card that the lecturers, with their signatures, confirm that the student has attended the lectures and the examples classes regularly.**

**Dean of the Faculty,**

**Student Identification Number** \_\_\_\_\_

**Surname and name** \_\_\_\_\_

**Registered in the Register of** \_\_\_\_\_

**Faculty of** \_\_\_\_\_

**No.** \_\_\_\_\_