

REGISTRATION FORM

Deadline to register: end of the 1st semester of the master studies

STUDENT'S PERSONAL INFORMATION

Last name:

First name:

SCIPER:

E-mail address:

Section: Current semester:

I register for the Minor in :

Minor director's name:

Date:

Signature:

.....

Please return this form to:

- the administrative office of your section (1 copy)
- the administrative office – office INN 111 (1 copy)

LIST OF COURSES

Semester 1

Code	Title	ETCS

Semester 2

Code	Title	ETCS

Semester 3

Code	Title	ETCS

List of courses approved by the Minor director:
Director's name

Date: Signature:

Remarks:

If you do a project as part of your minor, please complete the following information:

Project's title:

Name of the Laboratory:

Name of the Professor:

Date:

Signature of the Professor:

Signature of Mrs Eileen Hazboun: