**UNIVERSITY OF BANJA LUKA** Student’s file number...........................

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(faculty)

**SEMESTRAL SHEET**

**(**acknowledgment of semester**)**

Semester-academic year..........................

Full name of the student: ..................................................................................................................................................

Date of birth: (DD/MM/YY .............................................................................................................................................

Place of birth: ..........................................municipality ................................................, country......................................

Nationality ........................................................................................................................................................................

Parents’ occupations: ........................................................................................................................

He/ she attended classes in winter-summer....................... semester for............... time in the 20.../20....academic year as a full time/ part-time student:

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| --- | --- | --- | --- |
| Course unit title | Full name of the professor | Weekly workload | Note |
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Signature of the student: ACKNOWLEDGED BY

THE SECRETARY OF THE

FACULTY

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