Univerza v Mariboru

Medicinska fakulteta

Vloga za vpis po izpisu

(Application for re-enrolment following withdrawal)

(*Vlogo oddajo kandidati, kandidatke, ki so se izpisali iz študijskega programa/smeri in se nanj/-o želijo po izpisu ponovno vpisati / The application for candidates who wish to re-enrol to the study programme/course after withdrawal from this study programme/option*)

Ime in priimek kandidata_ke: _____
(*Name and surname of the candidate*)

EMŠO: | | | | | | | | | | | | | |
(*Slovenian personal identification number*)

Datum rojstva: _____
(*Date of birth*)

Kraj rojstva: _____
(*Place of birth*)

Naslov za obveščanje: _____
(*Notify address*)

E-pošta: _____
(*E-mail*)

Študijski program (oz. smer), na katerega ste že bili vpisani in se želite nanj (po izpisu) ponovno vpisati: _____
(*Study programme/option to which you were already enrolled and to which you wish to re-enrol following withdrawal*)

Vpisna številka pred izpisom (neobvezno): _____
(*Enrolment number before withdrawal (not mandatory)*)

Obrazložitev:
(*Explanation*)

_____
_____
_____
_____
_____
_____
_____
_____

Datum: _____
(*Date*)

Podpis kandidata_ke:
(*Candidate's signature*)

_____