

Application for demonstration at the Department of Anatomy and Clinical Anatomy

Last name:	
First name:	
Student ID:	

Grade you received on Anatomy:	
Academic year in which Anatomy was passed:	
Current study year:	
Arithmetic average of grades:	
New/old demonstrator:	<input type="radio"/> New demonstrator <input type="radio"/> Old demonstrator
I have regularly enrolled into next academic year of my studies:	<input type="radio"/> Yes <input type="radio"/> No

Application date:

The correctly completed form must be saved as a new pdf document ("Save as") and change the title to "Surname Name" (you enter your surname first, then your first name).

The correctly saved and addressed form must then be sent via student email to the following email address: matija.prkacin@mef.hr

Be sure to include the word "subscription" in the title/subject of the e-mail so that the e-mail can be filtered correctly.