Application for demonstration at the Department of Anatomy and Clinical Anatomy

Last name:			
First name:			
Student ID:			
Grade you recieved on Anatomy:			
Grade you recieved on Anatomy.			
Academic year in which Anatomy was passed:			
Current study year:			
Arithmetic ave	erage of grades:		
New/old demonstrator:		New demonstrator Old demonstrator	

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: tomislav.balen@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.