

FACULTY OF ELECTRICAL ENGINEERING
Dean's Office
Office for Research



REQUEST FOR ENROLMENT IN AN
EXTERNAL COURSE

Date

Applicant's name:

Department / Workplace:

Study branch:

Start date of study:

Supervisor:

External Course and code:

Institutions/University:

Number of credits:

Semestr:

Guarantor FEL:

Doctoral student's signature

Supervisor's signature

Branch board chairperson's signature
FEL

Signature of the guarantor

I agree to enroll in the course(s) at the appropriate university/faculty as required by the counterparty.

Vice-Dean signature