FACULTY OF ELECTRICAL ENGINEERING Dean's Office Department for Science and 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:	
Institution/University:	
Number of credits:	
Semester:	
Guarantor FEL:	
Doctoral student's signature	Supervisor's signature
Branch board chairperson's signature	Signature of the guarantor FEL
I agree to enrol in the course(s) at the appropriate university/faculty as required by the	
counterparty.	
Vice-Dean's signature	
vice Dealt's signature	