Name and surname:

Adress:

**I declare that:**

1. I will insurance tuition payment
2. Tuition payment will be insurance by employer

(round out one possibility)

**I declare that:**

1. I will study full time (deadline for graduation – 4 years);
2. I will study part-time (deadline for graduation – 8 years).

(round out one possibility)

Koprivnica, Signature: