



GRADUATION FORM

Complete and SIGN THIS FORM. Return it to Student Affairs Office along with all relevant signatures on page 2!

STUDENT INFORMATION

Name - Surname

Student ID#

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CIRCLE YOUR STUDY CYCLE AND PROGRAM:

BACHELOR	MASTER	PhD
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Faculty - Program

FENS	ARCH	GBE	CS	IE	EE	ME	SE
FASS	ELIT	PSY	SPS	VACD	CULT		
FBA	MAN	ECON	IR	IBF			
FLW	LAW						
FEDU	ELT	TLT					

I hereby confirm that I completed all requirements of my Study Program and declare that all information provided hereby is accurate.

Private e-mail for future contacts

Mobile

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DECLARATION

It is mandatory for higher education institution/ organizational unit to publish graduation projects of first, second, integrated, and third study cycle students on its website, in accordance with the Law.

I am aware that I lose the right to sit for any makeup exam after submitting this form.

Have you attended any mobility program during your studies?

YES

NO

Signature:

Date:/...../202...



INTERNATIONAL UNIVERSITY OF SARAJEVO
INTERNACIONALNI UNIVERZITET U SARAJEVU

STUDY PROGRAM COORDINATOR

According to IUS regulations and curriculum of this student, as well as his/her academic records, I hereby confirm that this student is eligible for graduation from above stated program.

Name and Signature		Date	
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STUDY PROGRAM COORDINATOR for MINOR DEGREE or TRACK

I hereby confirm that this student is eligible for receiving minor degree and/or track in below stated program:

PROGRAM NAME/TRACK NAME: _____

Name and Signature		Date	
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For FINANCE DEPARTMENT

I hereby confirm that this student has no remaining financial debts towards IUS.

Name and Signature		Date	
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For IUS LIBRARY

I hereby confirm that this student returned all the borrowed items and submitted required copies of project/thesis.

Name and Signature		Date	
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For STUDENT AFFAIRS OFFICE

I hereby confirm that this student has enough ECTS credits and completed internship requirement. All **original documents** from student file are returned to him/her. Student returned his/her ID card.

Name and Signature		Date	
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FACULTY DEAN

I hereby approve this student's graduation.

Name and Signature		Date	
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