



INTERNATIONAL UNIVERSITY OF SARAJEVO
INTERNACIONALNI UNIVERZITET U SARAJEVU

STUDENT ID CARD REPLACEMENT FORM

Please complete and SIGN THIS FORM. Return it to Student Affairs Office along with all relevant documents.

STUDENT INFORMATION	
Name	Surname
<input type="text"/>	<input type="text"/>
Faculty	Study Program
<input type="text"/>	<input type="text"/>
Student ID#	Date of Birth
<input type="text"/>	<input type="text"/>

I declare that all the information given hereby and in the attachments are accurate to the best of my knowledge.

Reason for Replacement

Loss	Damage	Theft	Change in Name/Program	Other Reasons
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature:

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

Note:

Replacement fee in the amount of 28 KM is to be performed at IUS Finance Office. Proof of payment (signature from responsible person) is to be provided below.

For FINANCE DEPARTMENT			
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Signature		Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

For STUDENT AFFAIRS OFFICE			
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Signature		Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>