



STUDENT APPEAL-REQUEST

Completed form submit to the Student Affairs Office along with all relevant documents. Write briefly.

STUDENT INFORMATION

Name and Surname

Student ID#

Faculty- Program

Request and reasons for appealing:

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

Phone number

Signature

Date

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Decision of relevant professor/administrator

			Name and Signature
Lecturer:	Approved	Disapproved	
Academic Advisor:	Approved	Disapproved	
Program Coordinator:	Approved	Disapproved	
Dean:	Approved	Disapproved	



INTERNATIONAL UNIVERSITY OF SARAJEVO
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F-44/01

Student Affairs Office