

**Declaration of Presence of Doctoral Student at the Faculty, according to
FIM Dean's Directive No. 1/2017**

Doctoral Student

Full Name and Academic Title:

Contact – Mobile Phone:

Student ID Number:

Field of Study:

Form of Study:

Year of Study:

Supervisor:

Presence of Doctoral Student at the Faculty

Department/Workplace:

Academic year:

Semester:

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Date and signature of the doctoral student:

Date and signature of the supervisor: