**CLASS:**

**REG. NO.:**

**Applicant/Complainant name and surname**

**Department**

**Phone and e-mail address**

**Faculty of Medicine in Rijeka**

Teaching Committee

Committee for Postgraduate Studies and Lifelong Learning

Doctoral School Council

 *(select one option by* ***bolding*** *it)*

**REQUEST FOR CHANGE OF COURSE COORDINATOR**

|  |  |
| --- | --- |
| **COURSE TITLE** |  |
| **NAME AND SURNAME, TITLE OF THE CURRENT COORDINATOR** |  |
| **NAME AND SURAME, TITLE OF THE NEW COORDINATOR** |  |
| **STUDY PROGRAMME** | A) MedicineB) Medicine in English language | C) Environmental and Public Health – undergraduate study programmeD) Environmental and Public Health – graduate study programmeE) Medical Laboratory  Diagnostics |
| **UNIVERSITY SPECIALIST STUDY PROGRAMME** |  |
| **DOCTORAL STUDY PROGRAMME** |  |  |
| **CONSENT/APPROVAL OF THE DEPARTMENT HEAD** |  |
| **REASON FOR CHANGE OF COURSE COORDINATOR** |  |

 **Applicant/Complainant's signature**

 (name and surname – in capital letters, title and handwritten signature)