APPLICATION FORM

for the position of peer teacher

at the Department of Physiology, Immunology and Pathophysiology

in the academic year 2026/2027

NAME AND SURNAME		
Year of study in the academic year 2026/2027		
Phone number		
e-mail		
Have you already been a peer teacher at the Department of Physiology, Immunology and Pathophysiology?	YES	NO
Were you a peer teacher at another department? If yes, state which one.	YES	NO

State your grades in courses which you have already passed at the Department of Physiology, Immunology and Pathophysiology:

Course	**Grade**
Physiology and Pathophysiology I	
Physiology and Pathophysiology II	
Physiology and Pathophysiology III	
Neurophysiology	
Immunology	

Would you participate in practicals in the Croatian language?	YES	NO

In Rijeka, _____

_____

Signature