|  |  |  |
| --- | --- | --- |
|  |  | *The form is filled out electronically.* |

**ELECTIVE COURSE PROJECT**

**Statement of consent of the teacher**

This statement is filled in by teachers of the School of Dental Medicine, University of Zagreb for the purpose of implementing previously proposed activities within the elective course Project.

Students can enroll in the course only with the written consent of the teacher at the student office when enrolling for higher academic year of study.

|  |  |
| --- | --- |
| **Name of activities within the course Project and academic year** | |
|  | |
|  | |
| **Student** | |
| Name and surname |  |
| E-mail address |  |
| Cell phone number |  |
| Study year |  |
|  | |
| **Teacher** | |
| Name and surname |  |
| Scientific-teaching title (assistant professor, associate professor, full professor - enter one of the above) |  |
| Department/Chair |  |
| E-mail address |  |
| Cell phone number |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I declare that I agree to include the said student in the above activities within the subject Project in this academic year.  I declare that I have no conflict of interest. | | | | | |
|  |  |  |  |  |
| Place and date |  | Signature of the teacher |  |  |
|  |  | |  | | |