**Academic year 2019/2020**

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| **Surname, first name:**  |
| **Study year: Study program:** |

I want to be registered for the following courses:

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| **No.** | **Course name** | **Specified in year** | **Course Type:** Compulsory Subject- CSComp. Elective Subject-CESElective Subject - ES | **Number** **of credits** |
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**Total number of credits:**

**Date: Student´s Signature:**