

REGISTRATION FORM

for a study visit on the basis of the exchange agreement between University of Ljubljana and

1. Surname: _____ Name: _____

2. Academic title: _____

3. Subject, field of research: _____

4. Place of work: _____

5. Telephone: _____ E – mail: _____

6. Languages spoken: _____

7. Programme of visit: _____

a) Purpose of visit: _____

b) Department to be visited: _____

c) Proposed lectures (if any): _____

8. Duration of the visit: _____

9. Proposed dates: _____

Signature
