2024/2025 ENROLMENT SHEET
FACULTY OF ECONOMICS AND BUSINESS

ENROLMENT NUMBER (the enrolment number is assigned by the faculty)	

1. PERSONAL DATA

PERSONAL REGISTRATION NUMBER			
SURNAME	Niju		
GIVEN NAME	Neha		
TAX ID NUMBER (TIN)[1]			
SEX	Z		
DATE OF BIRTH	21.03.2002		
PLACE OF BIRTH	KERALA	COUNTRY OF BIRTH	INDIA
CITIZENSHIP	INDIAN	Slovenian without Slovenian citizenship ☐ YES ☐ NO	

2. ADDRESS OF PERMANENT RESIDENCE

COUNTRY	INDIA	
STREET, STREET NUMBER	Udiniparambil House, Pariyaram PO, Chalakudy Via	
POSTAL CODE, CITY	PIN: 680721, KERALA	Service address ☐ YES ☐ NO

3. ADDRESS OF TEMPORARY RESIDENCE

COUNTRY		
STREET, STREET NUMBER		
POSTAL CODE, CITY		Service address ☐ YES ☐ NO

4. TELEPHONE

CONTACT PHONE NUMBER	

5. ENROLMENT DATA

FACULTY	FACULTY OF ECONOMICS AND BUSINESS		
STUDY PROGRAMME	ECONOMIC AND BUSINESS SCIENCES		
STUDY PROGRAMME OPTION	Please specify which module you choose (those in DATA SCIENCE IN BUSINESS, please leave this blank): **Module A**: Business Management or **Module B:** Management and Governance in Health Care		
STUDY PROGRAMME (double-major only)			
STUDY PROGRAMME OPTION (double-major only)			
YEAR OF STUDY, TYPE OF ENROLMENT (enter, circle)	1ST YEAR, FIRST ENROLLMENT IN THE YEAR	LEVEL AND TYPE OF STUDY	SECOND-CYCLE MASTER'S
MODE OF STUDY (circle a number)		PLACE OF STUDY	
LANGUAGE OF INSTRUCTION (enter, circle)			
LANGUAGE OF INSTRUCTION (double-major option) (enter, circle)			

[1] The collection of tax identification number (TIN) is mandatory only for those students who will have practical training as part of the study programme.

ENROLLING AS A GRADUATE	☐ YES ☑ NO
ENROLLING IN UPPER YEARS OF STUDY (in accordance with transfer criteria or criteria for advancement)	☐ YES ☑ NO
ENROLLING IN PARALLEL STUDIES	☐ YES ☑ NO
RE-ENROLMENT FOLLOWING WITHDRAWAL	☐ YES ☑ NO
YEAR OF FIRST ENROLMENT IN ANY HIGHER EDUCATION PROGRAMME	

6. SECONDARY EDUCATION

COUNTRY OF SECONDARY SCHOOL	INDIA	YEAR OF ISSUE OF SECONDARY SCHOOL CERTIFICATE	2020
NAME OF SECONDARY SCHOOL	ST GEORGE'S HSS, PARIYARAM		
PROGRAMME AND OPTION OR NAME OF VOCATIONAL OR PROFESSIONAL EDUCATION	COMMERCE		
METHOD OF SECONDARY SCHOOL COMPLETION	FULL TIME		
COMPLETED ADDITIONAL MATURA SUBJECT ☐ YES ☑ NO	SUBJECT:	GRADE:	

7. PREVIOUSLY COMPLETED TERTIARY EDUCATION (AFTER SECONDARY SCHOOL), RELEVANT FOR ENROLMENT

HIGHER EDUCATION INSTITUTION or HIGHER VOCATIONAL COLLEGE	UNIVERSITY OF CALICUT		
STUDY PROGRAMME and OPTION	B-COM		
TYPE OF STUDY (circle an appropriate letter)	Study programmes accredited after 11 June 2004: first-cycle: / second-cycle: / third-cycle:	A – short-cycle higher vocational; ✓ J – professional; K – academic; L – master's; N – integrated master's; M – doctoral	
	Study programmes accredited before 11 June 2004: undergraduate studies: / postgraduate studies:	A – short-cycle higher vocational; B – professional; C – academic; E – specialisation; F – master's; G – doctoral; H – integrated doctoral	
PLACE OF STUDY	KERALA, INDIA	COUNTRY OF INSTITUTION	INDIA
YEAR OF ISSUE OF GRADUATION CERTIFICATE	2023		

8. STATEMENT ON PREVIOUS ENROLMENT

Statement on previous higher education studies within the same cycle the student is enrolling in

- I, _____, the undersigned, who shall be, in the 2024/2025 academic year, enrolled in the ___ year of a full-time/part-time study programme declare that (mark accordingly):
  - I ☐ HAVE NEVER REPEATED – ☐ HAVE REPEATED a year of study;
  - I ☐ HAVE NEVER CHANGED – ☐ HAVE CHANGED a study programme and subsequently enrolled in ☐ THE SAME OR LOWER YEAR OF STUDY – ☐ A HIGHER YEAR OF STUDY (the latter is applicable only to students who previously indicated that they have already changed their studies);
  - ☐ I am enrolling in the study programme in which I was previously enrolled but withdrew from it at my own request.

  I also declare that in the 2024/2025 academic year I am not enrolled in any other study programme (or I shall enrol/am enrolled according to parallel studies criteria).
- I declare that (mark accordingly) ☐ I have previously not completed any study programme – ☐ I have previously completed a study programme corresponding to the qualification level awarded under the study programme I am enrolling in, and that my student status has not expired in accordance with Article 70 of the Higher Education Act (ZVIS).

  If the higher education institution finds that the statement signed by the student does not correspond to the facts, the student shall be charged the tuition fee in accordance with the price list of the University of Maribor and valid higher education legislation. The student found to be enrolled without meeting the requirements may be withdrawn from the study programme by the higher education institution.

9. STATEMENT ON SIMILARITY CHECKING

The Rules on Examinations and Grading of the University of Maribor, No. A4/2009-41AG (with the Amendments and Supplements), define **plagiarism in term papers, undergraduate theses, programmes, and other written assignments, which scores contribute to the final grade, as academic dishonesty.**

By signing I confirm that I am fully aware that all abovementioned written assignments are required to be the result of my own creativity and personal achievements and in accordance with the copyright law provisions, as well as that **the submitted written assignments shall be checked by the content similarity detector.**

10. PERSONAL DATA PROCESSING

I give my explicit consent to the transmission and use of my personal data (digital identity (UPN), email, student ID number, student identity card number, home faculty, study programme, mode of study, year of study, surname, given name, date of birth, address of permanent residence, and address of temporary residence (street name, house number, city, postal code, and country)) for the purpose of using the UM library system services.

I give my explicit consent to the use of my tax identification number (TIN) for the purpose of implementing practical training which is part of the accredited study programme I am enrolled in. The collection of tax identification number (TIN) is mandatory only for those students who will have practical training as part of the study programme.

I give my explicit consent (valid until revocation) to the use of my personal data for the purpose of study counselling.

I give my explicit consent (valid until revocation) to the collection and use of my contact telephone number for the purpose of notification.

I give my explicit consent (valid until revocation) to the generation of my personal university email address and, in the event of security incidents, to the use of contact information (contact telephone number and address) stored in the information systems of the UM.

I give my explicit consent (valid until revocation) to the use and processing of personal data for the purpose of notification and improving the quality of studies at the University of Maribor (possibility of study continuation, lifelong learning, joining the Alumni Club).

I give my explicit consent (valid until revocation) to taking photographs of me, and to publishing photographs of me taken during the course of studies at the University of Maribor (for the purpose of publishing on the UM's and members' websites and bulletin boards, in the media, on social networks, in promotional activities, in publications, and in the framework of exhibitions, events, competitions within and outside the faculty, and conferences within and outside the faculty).

I understand that for every student a student username is generated, which together with the password represents the student's digital identity and, among other things, enables login to various services and tools. The username of the digital identity serves also as the official university email address of the student, which the University of Maribor uses for all formal communication, including notifications from faculties and from AIPS and Moodle systems. Students must familiarise themselves with the UM Information Security Policy and respect it. It is published at the following link: https://url.um.si/Dd935

By signing, I also agree to the general conditions on the collection and processing of personal data, published on the website: https://url.um.si/Wc79M, and to this statement on the personal data protection.

11. PERSONAL DATA PROTECTION

I hereby declare that I am aware that, in accordance with the provisions of the Personal Data Protection Act (Official Gazette of the Republic of Slovenia, No. 163/22) and Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation) (Official Journal of the European Union, L 119, 4 May 2016, pp. 1–88), I may:

- Request access and correction, deletion, or restriction of processing my personal data, or file an objection to the processing and transferability of my personal data, by sending a written notice to: University of Maribor, the member, address. The removal shall be arranged by the University of Maribor within 30 days of receipt of the request.
- File a complaint with the supervisory authority if I believe that the processing of personal data is in breach of Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation).
- Read more on processing personal data at the University of Maribor on the following website: https://url.um.si/Wc79M, as well as contact the authorised person for data protection at the University of Maribor, i.e. izr. prof. dr. Miha Dvojmoč (dpo@um.si), for information.

Data from the enrolment sheet shall be retained permanently.

By signing I attest that I have read and understood the above statements and that the information given in this enrolment sheet is true.

Signature of the student: _____

Place: PARIYARAM Date: 20/06/2024

CURRICULUM FOR THE 2024/2025 ACADEMIC YEAR

Course coordinator	Course code	Course	Number of lecture hours	Number of tutorial hours	Number of ECTS credits

Examined by: _____

Signature of the responsible person: _____