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First name and surname of the student/doctoral student or employee

.....
Index number (in case of students/doctoral students)/Employee identification number

.....
First name and surname of the Assistant/Telephone number

SCHEDULE OF ASSISTANT'S SUPPORT

in the period.....

for the month/months.....

NO.	Date of conducting assistance (DD/MM/YYYY)	Times of conducting assistance (to-from)	Type of assistance	Place of conduct of assistance	Signature of the student/doctoral student or employee
1.					
2.					
3.					
4.					
5.					
6.					
7.					

I declare, under the pain of penal liability, that all data contained in the hereby schedule are compliant with the factual state.

.....
Date, legible signature of the Applicant

.....
Date, eligible signature of the student/doctoral student or employee

.....
Date of acceptance of the schedule and signature of the Proxy of the Rector for the Disabled.