

Academic Year 20__ / 20__

Serial Number : _____

Request – Lift access

Full Name : _____

ID No. (academic unit) : _____

Phone number : _____

Level-case :

- Noticeable case (direct access)
- Case to be verified (validation – UA physician)

Signature – UA physician

Elevator Access :

- Building B (Faculty of Public Health)
- Building G (Faculties : Business + Information and Communication)

Access duration : from ___ / ___ / 20__ till ___ / ___ / 20__

The access is cancelled if :

- The student lends his/her ID card to their colleagues ;
- The student takes his/her colleagues with them into the elevator.

Date ___ / ___ / 20__

Signature - Student

Signature – Office of the Registrar