

ORGANISATION (enter data on the Organisation – name and address)

University of Primorska
Faculty of Mathematics, Natural Sciences and Information Technologies
(UP FAMNIT)

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CERTIFICATE
ON THE COMPLETION OF PRACTICAL TRAINING

DATA ON THE ORGANISATION:

Name of the Organisation: _____

Address: _____

Authorized Person of the Organisation: _____

Student's Supervisor (in the Organisation): _____

WE HEREBY CONFIRM THAT DURING THE PERIOD

FROM _____ TO _____

THE STUDENT:

Name and Surname: _____

Student Identification Number (at UP FAMNIT): _____ Year of Study: _____

Study Programme: _____

UNDERWENT PRACTICAL TRAINING (IN ACCORDANCE WITH THE APPROVED PROGRAMME OF PRACTICAL TRAINING) AND HAS SUCCESSFULLY COMPLETED THE TRAINING.

Place and Date: _____

Official Stamp:

Signature of the authorized person of the Organisation
or student's Supervisor:
