

UPSI: PT-Request

UNIVERZA NA PRIMORSKEM  
UNIVERSITÀ DEL LITORALE / UNIVERSITY OF PRIMORSKA

FAKULTETA ZA MATEMATIKO, NARAVOSLOVJE IN INFORMACIJSKE TEHNOLOGIJE  
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APPLICATION FOR PRACTICAL TRAINING  
MASTER'S STUDY PROGRAMME  
APPLIED PSYCHOLOGY

STUDENT

Name and surname: \_\_\_\_\_

Enrolment number.: \_\_\_\_\_ Year of study: \_\_\_\_\_

INSTITUTION

Name and address of the organization where I want to do practical training:

\_\_\_\_\_  
\_\_\_\_\_

Mentor of the practical training: \_\_\_\_\_

The organization (*circle*): **IS** / **IS NOT** on the list of organizations with which UP FAMNIT has an agreement for practical training.

Place and date: \_\_\_\_\_ Student signature: \_\_\_\_\_

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PROGRAMME COORDINATOR

Programme coordinator: \_\_\_\_\_

- a) I **approve** practical training in the proposed organization,  
b) I **do not approve** practical training in the proposal organization. Argumentation:

\_\_\_\_\_  
\_\_\_\_\_

Place and date: \_\_\_\_\_ Coordinator signature: \_\_\_\_\_