

**ORGANIZATION** *(name, address)*

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Univerza na Primorskem  
Fakulteta za matematiko, naravoslovje in informacijske tehnologije  
Glagoljaška 8  
6000 Koper

**C E R T I F I C A T E   O F   T H E   C O M P L E T I O N   O F   P R A C T I C A L  
T R A I N I N G  
M A S T E R ' S   S T U D Y   P R O G R A M M E  
A P P L I E D   P S Y C H O L O G Y**

**INSTITUTION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Responsible person of the institution: \_\_\_\_\_

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

**WE CONFIRM THAT THE STUDENT:**

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

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

**FROM** \_\_\_\_\_ **TO** \_\_\_\_\_

**SUCCESSFULLY COMPLETED THE PRACTICAL TRAINING IN ACCORDANCE WITH THE PRACTICAL TRAINING PROGRAMME.**

Place, date: \_\_\_\_\_

Stamp:

Responsible person of the institution (or mentor):

\_\_\_\_\_

The certificate of practical training should be attached to the Report of the student's practical training.