

ORGANIZATION *(name, address)*

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
B I O 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.