

UNIVERZA NA PRIMORSKEM
UNIVERSITÀ DEL LITORALE / UNIVERSITY OF PRIMORSKA

FAKULTETA ZA MATEMATIKO, NARAVOSLOVJE IN INFORMACIJSKE TEHNOLOGIJE
FACOLTÀ DI SCIENZE MATEMATICHE NATURALI E TECNOLOGIE INFORMATICHE
FACULTY OF MATHEMATICS, NATURAL SCIENCES AND INFORMATION TECHNOLOGIES

Glagoljaška 8, SI - 6000 Koper

Tel.: (+386 5) 611 75 70

Fax: (+386 5) 611 75 71

www.famnit.upr.si

info@famnit.upr.si



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UNIVERSITÀ DEL LITORALE
UNIVERSITY OF PRIMORSKA

Titov trg 4, SI – 6000 Koper
Tel.: + 386 5 611 75 00
Fax.: + 386 5 611 75 30
E-mail: info@upr.si
<http://www.upr.si>

APPLICATION FOR PRACTICAL TRAINING

STUDENT:

Name and surname: _____

Enrolment number: _____ Year of study: _____

Study programme: _____

INSTITUTION:

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

PROGRAMME COORDINATOR:

Programme coordinator (*circle*): *Biodiversity* / *Mediterranean agriculture* / *Nature Conservation*:

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

Place and date: _____ Coordinator signature: _____