

UNIVERZA NA PRIMORSKEM
UNIVERSITÀ DEL LITORALE / UNIVERSITY OF PRIMORSKA

FAKULTETA ZA MATEMATIKO, NARAVOSLOVJE IN INFORMACIJSKE TEHNOLOGIJE
FACOLTÀ DI SCIENZE MATEMATICHE NATURALI E TECNOLOGIE INFORMATICHE
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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 /Conservation Biology/ 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: _____