**Ime i prezime studenta**

Adresa

Broj telefona

E-mail adresa

 **Fakultet agrobiotehničkih znanosti Osijek**

 **Povjerenstvo za priznavanje programa mobilnosti studenata**

 Vladimira Preloga 1

 31000 Osijek

 Datum: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ZAMOLBA ZA PRIZNAVANJE STUDENTSKE MOBILNOSTI**

Ja, student/ica \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, JMBAG: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

student/ica \_\_\_\_\_\_ godine preddiplomskog / diplomskog / poslijediplomskog studija

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, smjer (ukoliko postoji): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ molim

Povjerenstvo za priznavanje programa mobilnosti studenata da izvrši priznavanje

studijskog boravka / stručne prakse u razdoblju od \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

na (naziv i adresa ustanove domaćina u inozemstvu): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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u okviru programa mobilnosti Erasmus+ / CEEPUS / Ostalo (upisati program).

U prilogu dostavljam:

- Statement of the host institution

- After the mobility (Transcript of Records za studijski boravak)

- Learning agreement

 Potpis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_