|  |  |  |
| --- | --- | --- |
| Name and surname: | | |
| Date of birth: | Address: | |
| Phone number: | Email: | |
| Study field: | | Year of study: |

**APPLICATION FOR PRACTICAL TRAINING**

|  |  |
| --- | --- |
| Brief structure of the application:   * Name of organization/ project * Term of practical training * Planned activities and expected contribution to the students skill and knowledge * Preliminary workload of practical training | |
| Date: | Student’s signature: |

Statement of the master’s thesis supervisor: Date and signature:

|  |  |
| --- | --- |
|  |  |

Statement of the guarantee: Date and signature:

|  |  |
| --- | --- |
|  |  |