**APPLICATION FOR RECOGNITION OF PRACTICAL TRAINING**

Student born in , date , resident , student of year, program , registration number , e-mail address

asking for the recognition of practical education in the academic year 201 / 201

on the basis of previous work experience**:** *(Fill in the table)*

|  |  |  |
| --- | --- | --- |
| **Number of years, months** | **Name of company/institution** | **Position** |
|  |  |  |
|  |  |  |
|  |  |  |

Enclosed are mandatory forms to the rules of educational institutions.

Date: Signature-student:

Organizer of practical training at the educational institution

|  |  |  |
| --- | --- | --- |
| *To be completed by the organizer of practical education* | | |
| **Subject** | **Recognized YES / NO / PARTLY** | **ECTS** |
|  |  |  |
|  |  |  |

NOTE:

Date: Signature-organizer of PT:

Description of student’s work experience for the recognition of practical training

Student's name and surname:

|  |  |
| --- | --- |
| **Organization's name** |  |
| **Position under contract during the period** |  |
| **List and description of** |  |
| **work and tasks** |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Student's signature: Signature of responsible person:

Date: Seal of the company:

|  |  |
| --- | --- |
| **Organization's name** |  |
| **Position under contract during the period** |  |
| **List and description of** |  |
| **work and tasks** |  |
|  |  |
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|  |  |

**Add a table if you want to claim work experience from several organizations**.

Student's signature: Signature of responsible person:

Date: Seal of the company:

* In organization
* What could you do yourself?