



Univerza v Mariboru

Fakulteta za turizem

Cesta prvih borcev 36
8250 Brežice

APPLICATION FOR RECOGNITION OF COMPULSORY INTERNSHIP IN AN ORGANIZATION

COMPLETED BY STUDENT

Name and surname: _____ Enrolment number: _____

Academic year: _____ Year of study: _____

Programme: _____

Phone number: _____ E-mail address: _____

Organization: _____

Organization's address: _____

Date of internship: from _____ to _____

Number of working hours of internship:

Work duties: _____

Working period (number of months)

Date: _____

Stamp

Signature: _____

Signature of the responsible person of the organization

MANDATORY ATTACHMENTS:

- a written report on the internship completed
- proof of the period of gaining relevant work experience (photocopy of work book or certificate / proof from the employer or certificate of Student Service, etc.).

At: _____ Date: _____

Student's signature

I propose that the student: _____ be

Name and Surname of the student

- acknowledged**
- not acknowledged**
- partially acknowledged**

_____ hours of internship completed through employment / student work / project work in the above-mentioned organization.

Justification and remarks:

At _____ Date _____ Stamp _____

Signature of FT UM Coordinator