



Univerza v Mariboru

Fakulteta za turizem

APPLICATION FOR
THE BRIDGING EXAM
 FOR ENROLMENT IN STUDY PROGRAMMES AT THE
 FACULTY OF TOURISM UM

Name and surname: _____

Postal code and city: _____

E-mail: _____

Type of study programme to be enrolled in: MS – TOURISM DESTINATIONS AND EXPERIENCES

Year of study you intend to enrol in: _____

Course unit: _____

Instructor: _____

Date of exam:

--	--	--

 .

--	--	--

 .

--	--	--	--	--	--

 Hour of exam:

--	--	--

 .

--	--	--

Mode of examination: oral

Date: _____

*Signature of the candidate***COMPLETED BY INSTRUCTOR**

Exam record:

Grade: _____

Instructor