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| *Poslovno-tehniška fakulteta* |  | *Glavni trg 8**5271 Vipava**T:+386 5 62 05 830E:* *info.ptf@ung.si* |

# ZAKLJUČNO POROČILO

**o praktičnem usposabljanju**

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| Študent: |  |
| Naziv podjetja oz. organizacije: |  |
| Naslov: |  |

## Naslov praktičnega usposabljanja

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| Trajanje praktičnega usposabljanja | od do |
| Število opravljenih ur: |  |
| Datum zagovora |  |

**Komentar mentorja v podjetju:**

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| Mentor v podjetju *podjetje**naziv, ime in priimek, naziv*  | podpis........................................... |

**Komentar mentorja z Univerze:**

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| Mentor na Univerzi Univerza v Novi Gorici*naziv, ime in priimek, naziv* | podpis........................................... |

**Praktično usposabljanje je bilo uspešno opravljeno in zaključeno s predstavitvijo dne**

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| Koordinator Univerza v Novi Gorici*naziv, ime in priimek, naziv* | podpis........................................... |