School of Engineering and Management

Glavni trg 8
5271 Vipava
T:+386 5 62 05 830
E:info.ptf@ung.si

PRACTICAL TRAINING PROGRAMME

Student: …….....

Student enrolment number: …….....

Name of company or organisation: …….....

Address: …….....

Telephone and email of the company: .....

Mentor at the company: …….....

Faculty mentor: …….....

1. Title of the practical training topic:

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2. Assignments:

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3. Objectives:

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4. Timetable:
   - start of practical training: ....……
   - end of practical training: .....…...……
   - interim report: .....
   - scheduled defence date: .....

The student declares that they are aware of their obligations and rights with regard to the performance of practical training, that they have accident insurance for the period of performance of practical training, and that they have passed the medical examination.

Mentor

University of Nova Gorica

Full name, title:

Signature

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Mentor

Company

Full name, title:

Signature

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Student

Full name

Signature

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