APPLICATION FOR PRACTICAL TRAINING FOR STUDENTS ENROLLED IN MASTER’S (2ND-CYCLE) STUDY PROGRAMMES OF THE UNIVERSITY OF MARIBOR

To be completed by the student.

Name and Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student's ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Study programme: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Level of study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ KLASIUS-P-16: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practical training ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suggested date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am attaching to the application (circle):

1. Transcript of records of the 1st-cycle study programme (mandatory)
2. Transcript of records of the 2nd-cycle study programme (if at least one study obligation is passed)
3. Motivational letter stating why do I want to attend practical training and what do I expect (mandatory)
4. Letter of recommendation from a higher education teacher with whom I have performed a study obligation or worked in a professional and / or research field (optional)

STATEMENT

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned, apply for practical training for students enrolled in second-cycle study programmes and hereby declare that I will perform practical training according to the agreement with the company, responsibly and motivated. With my work ethics I will enhance the reputation of students of the University of Maribor.

In accordance with the provisions of the Personal Data Protection Act (Official Gazette of the Republic of Slovenia, no. 94/07) and Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of individuals with regard to processing, personal data and on the free movement of such data and repealing Directive 95/46 / EC (General Data Protection Regulation) (Official Gazette of the Republic of Slovenia, no. 119/16, p. 1-88) answer YES or NO to the statement below.

CIRCLE!

|  |  |
| --- | --- |
| YES ‒ NO | By signing, I allow the use of my personal data (name and surname, information on the enrolled faculty, information on the enrolled study programme, information on completed obligations with grades, and contact information (phone number and e-mail) for the purpose of administrative management of practical training both at the University of Maribor and at companies where I want to do practical training. |

By signing, I confirm I am aware that:

‒ the University of Maribor can notify me about activities regarding practical training as an extracurricular activity within 2nd-cycle study programmes, for which I am applying;

‒ I may request access to and rectification, deletion, or restriction of the processing of my personal data or object to the processing and transferability of my personal data by filing a written notice to the address: University of Maribor, faculty, address. The University of Maribor guarantees that the deletion will be arranged within 30 days of receiving the request;

‒ I may file a complaint with the supervisory authority if I consider that the processing of personal data infringes Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of individuals with regard to the processing of personal data, free movement of such data and annulment of the Directive 95 / 46 / EC (General Data Protection Regulation);

‒ my personal data will be processed for the purpose of administrative management of practical training at the University of Maribor and will be provided to the company within which I want to perform practical training, to which I give my explicit consent.

Place and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student's signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In accordance with the invitation, completed and approved by the Student Affairs Office of the faculty.

We confirm that the student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, with ID number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, enrolled in the 20\_\_\_/20\_\_\_ academic year in the \_\_\_\_\_\_\_\_ year of the \_\_\_\_-cycle study programme has regularly progressed into the higher year of study.

Place and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STAMP Signature of the responsible person:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To be completed by the practical training coordinator at the faculty or by the head of the study programme in which the student is enrolled.

I hereby confirm that the selected practical training is appropriate and that its performance can be treated according to Decision No. 20 of the Senate of the University of Maribor adopted at its 30th regular session of 20 February 2018.

Name and surname of the faculty’s practical training coordinator / head of the study programme:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of the practical training coordinator /head of the study programme:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THE CORRECTLY COMPLETED AND SIGNED FORM WITH ALL ANNEXES SHOULD BE SENT BY EMAIL TO THE PRACTICAL TRAINING PROVIDER AND BY E-MAIL TO [praksa.mag@um.si](mailto:praksa.mag@um.si) (for information). A COPY OF THE DOCUMENTATION SHOULD BE SUBMITTED TO THE PRACTICAL TRAINING COORDINATOR OR THE HEAD OF THE STUDY PROGRAMME. IN ACCORDANCE WITH THE DECISION OF THE SENATE OF THE UNIVERSITY OF MARIBOR, ONLY PRACTICAL TRAINING WHICH IS CONFIRMED IN ADVANCE BY THE FACULTY’S PRACTICAL TRAINING COORDINATO OR BY THE HEAD OF THE STUDY PROGRAMME MAY BE INCLUDED IN THE DIPLOMA SUPPLEMENT.

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