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*SVEUČILIŠTE U ZAGREBU*

*FILOZOFSKI FAKULTET*

*Ivana Lučića 3, 10000 Zagreb* [*https://web2020.ffzg.unizg.hr/*](https://web2020.ffzg.unizg.hr/)

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**POTVRDA O POZNAVANJU**

**............................. JEZIKA**

IME I PREZIME: ................................................

JMBAG STUDENTA: .................................................

DATUM I MJESTO ROĐENJA: ..................................................

STUDIJSKA/E GRUPA/E: ...........................................................................

RAZINA PREMA ZEROJ-u (*CEFR*): .................................................

**SVRHA: Prijava na natječaj za ERASMUS+ stručnu praksu u ak. god. 2019./20.**

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POTVRDU IZDAO

Ime i prezime: ................................................................

Odsjek ................................................................................/ Centar za strane jezike:

Potpis i pečat: ................................................. Zagreb, ................ 2019.