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*SVEUČILIŠTE U ZAGREBU*

*FILOZOFSKI FAKULTET*

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

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**IZJAVA STUDENTA**

**uz prijavu na Natječaj za sudjelovanje u programu Erasmus+ studijski boravak PARTNERSKE ZEMLJE za razdoblje mobilnosti od 01.09.2019. do 31.03.2020.**

***IME I PREZIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***STUDIJSKA/E GRUPA/E: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***GODINA STUDIJA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*(npr. 1. godina diplomskog studija)*

Da li ste za vrijeme svoga studija već sudjelovali u nekom od programa studentske mobilnosti.

Molimo zaokružiti jedan odgovor: ***JESAM - NISAM***

Ako je odgovor pozitivan, molimo navedite sljedeće podatke:

* program mobilnosti;
* razina studija za vrijeme mobilnosti;
* trajanje mobilnosti;
* naziv stranog sveučilišta

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U Zagrebu, \_\_\_\_\_\_\_\_\_\_\_\_ 2019. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Potpis studenta