

**VPIS ZUNANJIH IZBIRNIH PREDMETOV, AKREDITIRANIH V OKVIRU ŠTUDIJSKIH**

**APPLICATION FORM FOR ENROLMENT IN ELECTIVE SUBJECT, ACCREDITED IN THE**

**PROGRAMOV 1. IN 2. STOPNJE UL FF**

**BACHELOR OR MASTER STUDY PROGRAMMES AT THE FACULTY OF ARTS**

Ime in priimek študenta:

**(student's name and family name)**

EMŠO:, datum rojstva:,kraj rojstva:

**(personal registr. number) (date of birth) (place of birth)**

Naslov za obveščanje: ,e-pošta: , telefon:

**(contact address) (e-mail address) (telephone No.)**

Digitalna identiteta – uporabniško ime:

**(digital identity – user's name)**

Vpisna številka:

**(student identification umber)**

Vpisan na visokošolski zavod:

**(registered at the faculty)**

V študijskem letu  vpisan v \_\_\_\_\_\_\_\_\_\_. letnik študijskega programa \_\_\_\_\_\_\_\_\_\_\_\_(ime

**(academic year of enrolment) (study year) (name of study programme)**

programa) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (stopnja)

 **(degree cycle)**

**Kot zunanji izbirni predmet želim vpisati:**

**(I wish to enrol in the following elective subject)**

Slovenski naziv predmeta (polno ime):  Kreditne točke predmeta:

**(name of subject in Slovene language - full name) (ECTS credit points)**

Šifra predmeta:

**(subject code)**

Študijski program ali oddelek:

**(study programme or department)**

Izvajalec predmeta:

**(name of teacher-provider)**

Datum:       Podpis študenta: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(date) (student's signature)**

**Soglasje Univerze v Ljubljani Filozofske fakultete:**

**(Permission of the University of Ljubljana Faculty of Arts)**

*Potrjujemo, da je študent izbral zgoraj naveden predmet in da lahko obiskuje predpisane oblike pedagoškega dela ter opravlja izpitne oz. druge predpisane obveznosti pri izbranem izbirnem predmetu.*

*(It is hereby confirmed that the student has applied to the elective subject and is permitted to attend all forms of the subject provision as well as to apply for examination or other forms of requirements of the chosen elective subject.)*

Datum:Soglasje oddelka: Žig referata:

(date) (stamp and signature of department) (stamp and signature of student's office)

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**Soglasje članice oz. drugega visokošolskega zavoda ali akademije:**

**(Approval of the University of Ljubljana Faculty of Arts)**

*Potrjujemo, da je študent izbral zgoraj naveden predmet in da lahko obiskuje predpisane oblike pedagoškega dela ter opravlja izpitne oz. druge predpisane obveznosti pri izbranem izbirnem predmetu.*

*It is hereby confirmed that the student has applied to the elective subject and is permitted to attend all forms of the subject provision as well as to apply for examination or other forms of requirements of the chosen elective subject.)*

Ime in priimek odgovorne osebe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name and family name of the responsible person)

Datum:Podpis: Žig:

(date) (stamp and signature of department) (stamp and signature of student's office)

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