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Republic of Serbia

University of Belgrade

School of Electrical Engineering

No:

Date:

REFERRAL TO PROFESSIONAL PRACTICE

|  |  |
| --- | --- |
| Name and surname of the student: |  |
| Student ID number: |  |
| Undegraduate academic studies/Study program: |  |
| Module: |  |
| Specialization: |  |
| Duration of professional practice: | Minimum 90 working hours |
| Organization to which the student is referred for professional practice (official name): |
|  |

**NOTE: The instruction for professional practice is not binding for the Organization, which organizes practice for the student according to its possibilities.**

 Certified by the Student Department

REPORT ON PROFESSIONAL PRACTICE

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| --- |
| The time the student spent on professional practice |
| Starting date of professional practice: |  |
| Ending date of end of professional practice: |  |
| Number of working hours that the student spent on professional practice: |  |
| Jobs performed by the student during professional practice: |
|  |
| Organization (official name)***:*** |
|   | Date  |

Certified by an authorized person

\*Fill in the form with typed letters