**Sveučilište Jurja Dobrile u Puli** Obrazac 3:

**Zahtjev za obročnom otplatom školarine na**

**programima cjeloživotnog obrazovanja**

**1. PODACI O POLAZNICI/POLAZNIKU**

1.1. Ime i prezime \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1.2. OIB

1.4. Datum rođenja \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.5. Državljanstvo \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.6. Adresa prebivališta \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.7. Kontaktni telefon i mobitel (obavezno upisati) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. PODACI O PROGRAMU**

2.1 Naziv programa cjeloživotnog obrazovanja (zaokružiti):

1) Program stjecanja pedagoških kompetencija

2) Program stjecanja pedagoških kompetencija za strukovne učiteljice/učitelje i suradnike/suradnice u nastavi

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

(potpis podnositeljice/podnositelja Zahtjeva)

Mjesto i datum:

\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_ godine

Zahtjev zaprimila/zaprimio:

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

(potpis djelatnice/djelatnika Ureda za cjeloživotno obrazovanje)