Name: …………………………………………….………….. UČO: ……..…..…….………..

Address: …………………………………………………………. Semester: ………..…..….……......

 …………………………………..……………………. Study programme: D INF – DIFI / DIIA

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**REQUEST**

**I request for:**

**Reason:**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Supervisor’s expession:**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_