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| SVEUČILIŠTE U SPLITU | | | | | | | | | |
| MEDICINSKI FAKULTET | | | | | | | | | |
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| Ime i prezime studenta: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Matični broj studenta: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Studij: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Split, \_ \_.\_ \_. 20\_ \_. godine | | | | | | | | | |
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| Predmet: **ZAHTJEV ZA PRIZNAVANJE POLOŽENOG ISPITA** | | | | | | | | | |
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| **Naziv kolegija** (za koji se traži priznavanje ispita): | | | | | | |  |  | |
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| **Voditelj kolegija** (kojem se upućuje zamolba): | | | | | | |  |  | |
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| Naziv fakulteta/sveučilišta gdje je ispit položen: | | | | | | | | | |
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| Akademska godina u kojoj je ispit položen: | | | | | | | \_ \_ \_ \_./\_ \_ \_ \_. | | |
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| Zahtjevu se prilaže: | | | | |  | |  |  | |
| * molba studenta | | | | | | |  |  | |
| * ovjereni prijepis ocjena studenta | | | | | | | Potpis voditelja studentske referade: | | |
| * ovjereni nastavni plan i program | | | | | | |  | | |
|  | | | |  |  | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
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| Uvidom u dostavljenu dokumentaciju studenta donosim sljedeću | | | | | | | | | |
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|  | | | |  | **ODLUKU** | |  |  | |
|  | | | |  |  | |  |  | |
|  | A | | Ispit se priznaje u cijelosti | | | |  |  | |
|  | | | |  |  | |  |  | |
|  | B | | Ispit se odbija u cijelosti | | | | | | |
|  |  | |  | | | | | | |
|  | C | | Ispit se prihvaća djelomično uz obvezu polaganja dijela gradiva: | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
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|  | | Ocjena: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | Datum: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |
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|  | | Datum priznavanja ocjene: | | | |  | Potpis voditelja kolegija: | |  |
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|  | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |
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