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| SVEUČILIŠTE U SPLITU |
| MEDICINSKI FAKULTET |
|  |  |  |  |  |
| Ime i prezime studenta: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Matični broj studenta: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Studij: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Split, \_ \_.\_ \_. 20\_ \_. godine |
|  |  |  |  |  |
| Predmet: **ZAHTJEV ZA PRIZNAVANJE POLOŽENOG ISPITA** |
|  |  |  |  |  |
| **Naziv kolegija** (za koji se traži priznavanje ispita): |  |  |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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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: | \_ \_ \_ \_./\_ \_ \_ \_. |
|  |  |  |  |  |
| 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 |
|  |  |  |  |  |
|  |  | **ODLUKU** |  |  |
|  |  |  |  |  |
|  | A | Ispit se priznaje u cijelosti  |  |  |
|  |  |  |  |  |
|  | B | Ispit se odbija u cijelosti |
|  |  |  |
|  | C | Ispit se prihvaća djelomično uz obvezu polaganja dijela gradiva: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |
|  | Ocjena: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Datum: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  |  |
|  | Datum priznavanja ocjene: |  | Potpis voditelja kolegija: |  |
|  |  |  |  |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
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