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| **MEDICINSKA ŠKOLA, ŠIBENIK** | Žiro račun: IBAN: HR43 2390 0011 8000 15002  Matični broj: 3875865  Ante Šupuka 29, 22000 Šibenik 🖂  ✆ Centrala: 022/336-100: 331-253  ŠIFRA ŠKOLE U MINISTARSTVU: 15-081-504  e-mail: ured@ss-medicinska-si.skole.hr  web: http//www.ss-medicinska-si.skole.hr |

**PRIJAVNICA ZA OBRANU ZAVRŠNOG RADA**

**ZA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ROK**

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| IME I PREZIME UČENIKA: | | |  | | | | | | |
| KOJI PUT PRISTUPA OBRANI ZAVRŠNOG RADA | | | | | | |  | | |
| MATIČNI BROJ UČENIKA: | |  | | OIB | |  | | | |
| NAZIV PROGRAMA OBRAZOVANJA |  | | | | | | | RAZREDNI ODJEL |  |
| NAZIV TEME ZAVRŠNOG RADA SA SAŽETOM NAZNAKOM O URATKU: | | | | | | | | | |
| IME I PREZIME NASTAVNIKA MENTORA | | |  | | | | | | |
| Datum predaje pisanog dijela Izradbe u urudžbeni zapisnik škole s potpisom mentora o prihvaćanju izradbe | | | | |  | | | | |
| Bilješke o odjavi obrane završnog rada: | | | | | | | | | |

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| RAZREDNI ODJEL: \_\_\_\_\_\_\_\_\_  Matični broj učenika iz knjige: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Datum zaprimanja: \_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_.  KLASA: 602-03/ \_\_\_\_-01/  URBROJ: 2182/1-12/2- 8/ \_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (potpis odgovorne osobe) | U Šibeniku, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Vlastoručni potpis učenika:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Datum izrade završnog rada: | |
| Datum odjave završnog rada: | |

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| **MEDICINSKA ŠKOLA, ŠIBENIK** | Žiro račun: IBAN: HR43 2390 0011 8000 15002  Matični broj: 3875865  Ante Šupuka 29, 22000 Šibenik 🖂  ✆ Centrala: 022/336-100: 331-253    ŠIFRA ŠKOLE U MINISTARSTVU: 15-081-504  e-mail: ured@ss-medicinska-si.skole.hr  web: http//www.ss-medicinska-si.skole.hr |

IME I PREZIME UČENIKA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROGRAM OBRAZOVANJA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RAZRED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROSUDBENOM ODBORU**

**MEDICINSKE ŠKOLE**

*ZAHTJEV ZA ODJAVU OBRANE*

*ZAVRŠNOG RADA za dan \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Zbog \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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odjavljujem obranu završnog rada.

Kao dokaz zahtjevu prilažem:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

U Šibeniku, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Potpis učenika:

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

Napomena: Zahtjev se podnosi 3 dana prije početka obrane.