\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_a prema redoslijedu zaprimanja ponuda:

A red and black flag

Description automatically generated with low confidence

**Program pedagoško-psihološko-didaktičko-metodičke izobrazbe**

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

ime i prezime

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

adresa (ulica, poštanski broj i mjesto)

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

OIB  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
adresa e-pošte  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
kontakt telefon

**Molba za izdavanje potvrde o završenom Programu PPDM izobrazbe**

Molim Filozofski fakultet Osijek da mi izda dokumente o završenom Programu PPDM izobrazbe.

U akademskoj godini \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ odslušao/odslušala sam sve predmete i položio/položila sve ispite.

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

(datum) (potpis polaznika)