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| --- | --- |
| **Names and surname:** | **Discipline:** |
|  |  |
| **Doctoral student ID:** | **Year of studies:** |
|  |  |
| **Contact phone no.:** | **Supervisor (1):** |
|  |  |
| **Supervisor (2):** | **Auxiliary supervisor:** |
|  |  |
| **E-mail address in PUT domain:** | **Faculty:** |
|  |  |

1. List of courses and selected lectures to be passed chosen from Education Program and the offer of elective lectures (Series of lectures 1-4)

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| --- | --- | --- | --- | --- |
| Academic year /semester | Name of course | Person responsible for course | No. of hours | ECTS credits |
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|  | **Total** |  |  |

2. Professional practical training (up to 60h/academic year) required by Education Program

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| --- | --- | --- | --- | --- |
| Academic year | Faculty providing classes | Type of classes | Didactic supervisor | Planned number of classes |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  | **Total** |  |

3. Internship in chosen scientific/research/industrial unit (min 2 months) required by Education Program

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of unit  | Address of unit | Type of unit | Planned completion period of internship | Duration of internship |
|  |  |  |  |  |

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| --- |
| Doctoral student: |
| date and signature |

I accept the proposed Individual Education Program.

|  |  |
| --- | --- |
| Supervisor (1): | Supervisor (2) or Auxiliary supervisor: |
| date and signature | date and signature |