**Soglasje fakultete ali akademije oz. drugega visokošolskega zavoda**

(Consent of the faculty or academy or other higher education institution)

(Ime zavoda / name of institution)

*Potrjujemo, da je študent/-ka:*

(Ime in priimek študenta/-ke / Student's name and family name)

*na Filozofski fakulteti Univerze v Ljubljani izbral predmet* ***Slovenščina kot tuji jezik – lektorat*** *in da lahko obiskuje predpisane oblike pedagoškega dela ter opravlja izpitne oz. druge predpisane obveznosti pri tem izbirnem predmetu. Opravljene obveznosti mu bodo priznane kot predmet s 3 ECTS v okviru zunanje izbirnosti študijskega programa ali pripravljalnega modula.*

*It is hereby confirmed that the aforementioned student has applied to the elective subject Slovenščina kot tuji jezik – lektorat at Faculty of Arts, University of Ljubljana and is permitted to attend all forms of the subject provision as well as to apply for examination or other forms of requirements of the chosen elective subject. The requirements will be granted with 3 ECTS within the study programme or preparatory module.*

Ime in priimek odgovorne osebe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name and family name of the responsible person)

|  |  |
| --- | --- |
| Datum:(Date) | Žig in podpis: (Stamp and signature of responsible person)  |