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| UNI-logo SLO-color | *Aškerčeva cesta 6*  *1000 Ljubljana, Slovenija*  *telefon (01) 47 71 200*  *faks (01) 25 18 567*  *dekanat@fs.uni-lj.si* |

**Poročilo o opravljenem delu na doktorskem študiju za študijsko leto \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Report on the work completed in doctoral studies for the academic year \_\_\_\_\_\_\_\_\_\_\_\_\_**

*Ime in priimek doktorskega študenta:*

*Name and surname of the doctoral student:*

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

*Naslov doktorske disertacije:*

*Title of the doctoral dissertation:*

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*Ime in priimek mentorja:*

*Name and surname of the mentor:*

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***1. Predvideni cilj in realizacija programa raziskovalnega dela za obdobje, na katero se nanaša poročilo:***

***1. Expected goal and realization of the research work program for the reporting period:***

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***2. Ali so se cilji raziskovalnega dela spremenili?*** *(ustrezno obkrožite)*

***2. Have the goals of the research work changed?*** *(Please circle where applicable)*

*DA / YES*

*NE / NO*

***3. Če je odgovor na prejšnje vprašanje pritrdilen, obrazložite spremembo:***

***3. If you answered the previous question in the affirmative, explain the change:***

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***4. Ali ocenjujete, da je raziskovalno delo potekalo uspešno in skladno s potrjeno temo doktorske disertacije?*** *(ustrezno obkrožite)*

***4.*** ***Do you feel that the research work was successful and in line with the confirmed topic of the doctoral dissertation?*** *(Please circle where applicable)*

*DA / YES*

*NE / NO*

***5. Če je odgovor na prejšnje vprašanje nikalen, podajte kratko utemeljitev neuspešnega poteka raziskovalnega dela in predlog ukrepov za izboljšanje:***

***5. If the answer to the previous question is negative, give a brief reason for the failure of the research and a suggestion for improvement:***

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***6. Kratek opis aktivnosti raziskovalnega dela v naslednjem študijskem letu:***

***6. Brief description of research activities in the next academic year:***

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*Podpis mentorja:*

*Mentor's signature:*

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**S podpisom doktorski študent potrjuje, da je seznanjen z vsebino zapisnika.**

**With his/her signature, the doctoral student confirms that he is familiar with the contents of the minutes.**

*Podpis doktorskega študenta:*

*Doctoral student's signature:*

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

Ljubljana, dne / date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_