



CONSENT from mentor at the Faculty of Mechanical Engineering, University of Ljubljana

Erasmus+ student:

Name and surname: Enrolment no.:

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E-mail: Phone no.:

I will do a three week *Practical training* in frame of Erasmus+ Student Mobility for Studies.

Laboratory at the Faculty of Mechanical Engineering:

Laboratory:

Head of the laboratory:

Period of execution:

Beginning date: End date:

Student's signature:

Mentor at the Faculty of Mechanical Engineering:

Name and surname: Phone no.:

E-mail: Mentor's signature:

In Ljubljana, on