

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

Erasmus+ student:								
Name and surname:	Enrolment no.:							
E-mail:	Phone no.:					· • • • • • • • • • • • • • • • • • • •		
I will do a three week <i>Project practicum – MAG</i> in fran	ne of Erasmus+ Stud	ent N	Aobi	ility f	or Stud	lies.		
Laboratory at the Faculty of Mechanic	cal Engineering	g:						
Laboratory name:								
Head of the laboratory:								
Period of execution:								
Beginning date:	End da	ate: .						
	Student's signatu	ıre:						
Mentor at the Faculty of Mechanical Engineering:								
Name and surname:	Phone r	ıo.:						
E-mail:	Mentor's signa	ture:						
In Ljubljana, on								