

**FS**UNIVERSITY OF LJUBLJANA
Faculty of Mechanical Engineering

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 *Project practicum – MAG* in frame of Erasmus+ Student Mobility for Studies.

Laboratory at the Faculty of Mechanical Engineering:

Laboratory name:

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