

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>Practical training</i> in fra	me of Erasmus+ Student Mobility for Studies.
Laboratory at the Faculty of Mech	anical Engineering:
Laboratory:	
Head of the laboratory:	
Period of execution:	
Beginning date:	End date:
S	student's signature:
Mentor at the Faculty of Mechanic	cal Engineering:
Name and surname:	Phone no.:
E-mail:	Mentor's signature:
In Ljubljana, on	