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(ime i prezime)

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(adresa stanovanja:broj pošte, mjesto, ulica i broj)

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(broj telefona – mobitela; e-mail)

**SVEUČILIŠTE JOSIPA JURJA**

**STROSSMAYERA U OSIJEKU**

**GRAĐEVINSKI FAKULTET OSIJEK**

**OSIJEK, Drinska 16a**

Predmet: Zahtjev za mirovanje obveza

Studij: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Godina studija: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Molim da i se odobri mirovanje obveza u akademskoj godini \_\_\_\_\_\_\_\_\_/\_\_\_\_ zbog \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(navesti razlog za opravdanje mirovanja obveza)

Osijek, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Potpis studenta: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Privitak:

1. potvrda liječnika obiteljske medicine
2. potvrda o boravku na međunarodnoj razmjeni
3. ostalo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ODLUKA**:

1. Prihvaća se zahtjev za mirovanje obveza
2. Odbija se zahtjev za mirovanje obveza zbog: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Odbacuje se zahtjev za mirovanje obveza zbog: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dekan:

U Osijeku, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

izv.prof.dr.sc. Damir Varevac