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| logo sveučilišta1 | REPUBLIKA HRVATSKA  SVEUČILIŠTE JURJA DOBRILE U PULI  **Fakultet za odgojne i obrazovne znanosti**  I. M. Ronjgova 1 (HR) 52100 Pula  Tel: 052 377 540; Fax: 052 377 550 |

**PRIJAVNI LIST ZA INTERVJU**

**I. OSOBNI PODACI**

**JMBG: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OIB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Ime: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prezime: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adresa prebivališta: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Tel. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mob. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E- mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Godina završetka srednje škole: \_\_\_\_\_\_\_\_\_\_\_\_\_

Naziv srednje škole, smjer i mjesto: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Odabrani studij: a) Integrirani preddiplomski i diplomski sveučilišni **učiteljski studij**

b) Preddiplomski stručni studij **predškolski odgoj - redoviti**

c)Preddiplomski stručni studij **predškolski odgoj - izvanredni**

#### II. USPJEH U SREDNJOJ ŠKOLI

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Predmet | I.  razred | II.  razred | III.  razred | IV.  razred | Posebni uspjesi  (glazbena škola, natjecanja,…) |
| Hrvatski jezik |  |  |  |  |  |
| Matematika |  |  |  |  |
| Strani jezik I.\* |  |  |  |  |
| Tjelesna i zdravstvena kutura |  |  |  |  |
| Glazbena kultura |  |  |  |  |
| Likovna kultura / Likovna umjetnost |  |  |  |  |

\* Treba upisati prvi (po redu u svjedodžbi upisan) strani jezik koji je pristupnik imao u srednjoj školi.

Uz prijavu prilažem traženu dokumentaciju prema natječaju:

1. dokaz o uplaćenoj prijavi (250,00 kn)
2. dokaz o zdravstvenoj sposobnosti (potvrda medicine rada)

Datum prijave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2017.

Potpis pristupnika/ce: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_