RTU Daugavpils filiāles direktoram Dr.sc.ing I.Griņevičam

RTU Daugavpils filiāles studenta

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(uzvārds, vārds)

iesniegums.

Lūdzu noformēt līgumu ar \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(uzņēmuma nosaukums)

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(uzņēmuma juridiskā adrese un reģistrācijas numurs)

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(personas vārds, uzvārds un amats, kas parakstīs līgumu un personas vārds, uzvārds un amats, kas vadīs studenta praksi)

(personas vārds, uzvārds un amats, kas vadīs studenta praksi)

par *1.līmeņa profesionālās augstākās izglītības studiju programmas prakses nodrošināšanu* / *profesionālā bakalaura studiju programmas Ražošanas mācību* / *Tehnoloģiskās prakse*s nodrošināšanu (prakses laiks \_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_).

Students: 20\_\_.gada “\_\_”.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /

(paraksts)

Koordinators: 20\_\_.gada “\_\_”.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /

(paraksts)