**Sveučilište Josipa Jurja Strossmayera u Osijeku**

**FAKULTET ZA ODGOJNE I OBRAZOVNE ZNANOSTI**

**IZJAVA O PREUZIMANJU OBVEZE PLAĆANJA ŠKOLARINE**

**sveučilišnog specijalističkog studija**

***Vođenje i upravljanje odgojno-obrazovnim ustanovama***

|  |  |
| --- | --- |
| **OBVEZU PLAĆANJA ŠKOLARINE PREUZIMA**  (označiti) | pristupnik  Ime i prezime\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  OIB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Adresa prebivališta\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ustanova  Naziv ustanove: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  OIB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Adresa: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (obvezno priložiti i Odluku ustanove o plaćanju) |
| **Napomene:** |  |

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| --- | --- |
| Mjesto i datum |  |

Vlastoručni potpis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_