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

RTU Daugavpils filiāles studenta

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 (uzvārds, vārds)

iesniegums.

Lūdzu ieskaitīt darbu

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(uzņēmums, amats)

kā 1.līmeņa profesionālās augstākās izglītības studiju programmas iepazīšanās/kvalifikācijas praksi.

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

 (paraksts)

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

 (paraksts)