

**Veleučilište u Križevcima**

**PRIJAVNI OBRAZAC ZA OSOBE S INVALIDITETOM ILI S POSEBNIM POTREBAMA**

**ERASMUS 20\_\_./20\_\_.**

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| Ime i prezime |  |
| Naziv ustanove | **Veleučilište u Križevcima** |
| Naziv radnog mjesta |  |
| Naziv sveučilišta u inozemstvu |  |
| Trajanje mobilnosti |  |
| Vrsta invaliditeta / posebnih potreba |  |
| Stupanj invaliditeta (u%) |  |
| \* Posebne potrebe (molimo označiti s X) | da | ne |

\* Posebne potrebe – obrazloženje:

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Datum: *mm/dd/*20yy

Potpis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_