**Request for recommendation**

**Student's name and surname:**

**Personal number:**

**Field of study:**

**Year of study:**

**Reason for recommendation:**

**Contact (e-mail, tel.):**

**Date and student's signature:**

**To be completed by the Department**

**Examination mark:**

**Teacher WS / SS:**

**Other activities (optional subjects, Student Research Project/s, presentation/s):**

**…………………………………………………………………………………….**

**Teacher's opinion:**

**Agree / Disagree**

**Head of the Department:**

**Agree / Disagree**