**AGREEMENT**

About the conditions of completing practical courses in individual study schedule

Student

Name: **………………………………………………………………**

Student code: **………………………………………………………………**

Study program: **…………………………………………………………….….** full time / part time

Lecturer

Name: **……………………………………………………………….**

**Details of specific course:**

**Course name:** ………………………………………………………………….

**Course code:** ………………………………………………………………….

**Year and semester:** ………………………………………………………………….

**The form and conditions of completing the practical course in individual study schedule:**

Date:

**Lecturer signiture Student signiture**