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|  | | | | | | | |  | Študijski program, smer: | | | | |  | | | | |
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| ID: | | | 1000000000 | | | | |  | Oblika preverjanja znanja: | | | | | |  | | | |
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| Ime in priimek: | | | **Ime in priimek** | | | | |  | Izvajalec izpita: | | | | **Ime in priimek učitelja** | | | | | |
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| Kraj prebivališča: | | | | **Ulica in hišna številka**  **Poštna številka in kraj** | | | |  | Učna enota: | | **Celoten naziv predmeta** | | | | | | | |
|  | | | | | |  | |  |  | | | | | | |  | | |
| Staus kandidata: | |  | | | | | |  | Datum izpita: | | |  | | | | | Ura izpita: |  |
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| Vrsta študija: | |  | | | | | |  | Kraj izpita: | **Maribor** | | | | | | | | |
|  | | | | | |  | |  |  | | | | | | |  | | |
| Stopnja študija: | | |  | | | | |  | Datum zadnjega opravljanja preverjanja znanja: | | | | | | | | |  |
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| Letnik: |  | | | | Prvi vpis: | |  |  | Dosedanje število pristopov: | | | | | |  | | | |
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**ZAPISNIK O PREVERJANJU ZNANJA**

Opravljeni pogoji za pristop:

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Zapisnik o preverjanju znanja (potek izpita, izvedba na daljavo, izpitna vprašanja)1

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🞏 Ni pristopil/a

**Skupna ocena pri učni enoti:**

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Podpis izvajalca izpita: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Datum: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_