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| Name and surname:  |
| Date of birth:  | Address:  |
| Phone number:  | Email:  |
| Study field:  | Year of study:  |

**APPLICATION FOR ICARD PRACTICAL TRAINING**

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| Brief structure of the application:* Name of organization/ project
* Term of practical training
* Planned activities and expected contribution to the students skill and knowledge
* Preliminary workload of practical training
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| Date:  | Student’s signature:  |

 Statement of the Bachelor’s thesis supervisor: Date and signature:

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 Statement of the study program supervisor (Jiří Hejkrlík, Ph.D.): Date and signature:

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