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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 | |
| 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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