

STUDENT APPLICATION FOR TUTORIAL ASSISTANCE AT THE UNIVERSITY OF PRIMORSKA

Faculty: _____

Academic year: _____

Name and surname				
Enrolment number				
Telephone number				
Study programme				
Type of study programme	Undergraduate Professional	Undergraduate academic	Master	PhD
Year of study (at enrolment)	1.	2.	3.	Senior year
I would like the help of a tutor in the following areas (mark)	☐ Study and organization of studies ☐ Integration into the environment ☐ Extracurricular activities ☐ Knowledge of Slovene language (for foreign students) ☐ Other: _____			

By signing this form, in accordance with the provisions of the applicable legal regulations in the field of personal data protection (The EU general data protection regulation, UL. L. 119 of 4. 5. 2016) in Personal Data Protection Act (Ur. l. RS, nr. 94/07 – UPB), I give my written CONSENT that the higher education institution to which I am enrolled may collect and process my personal data (including e-mail address and mobile phone number) for the purpose of tutoring.

In _____, on _____

Student's signature: _____