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| **Sveučilište u Mostaru**  **Medicinski fakultet**  **Studij dentalne medicine**  Bijeli Brijeg bb  88000 Mostar |

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| *mefmo_logo_hr* |
| **OBRAZAC  PRIJAVE** |

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| **2024./2025.** |
| PRIJAVA BR. |
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**PRIJAVA NA TEST PSIHOMOTORIKE**

**ZA UPIS NA INTEGRIRANI PREDDIPLOMSKI I DIPLOMSKI STUDIJ DENTALNE MEDICINE**

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| **Datum rođenja:** |  |  | **.** |  |  | **.** |  |  |  |  | **.** |  |  |  |  |  |  |  |  |  |

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| **Država rođenja\*:** |  |  |  | (\*oznaka države: HR, BIH, SLO, F, B, I, D, A, H) |

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| **Mjesto rođenja:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Državljanstvo\*:** |  |  |  | (\*oznaka države: HR, BIH, SLO, F, B, I, D, A, H) |

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| **Završena škola:** |  | | | | | | | | | | | | | | | | | | | |
| **Godine:** |  |  |  |  | **.** |  | | | | | | | | | | | | | | |
| **Grad škole:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Kontakt e-mail:** |  |
| **Kontakt mobitel:** |  |

U Mostaru, \_\_\_\_\_\_\_\_\_\_\_\_\_ 2024.

**(dan i mjesec)**

(potpis pristupnika)

Prijavi prilažem:

* dokaz o uplati troškova za Test psihomotorike