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University of Ljubljana Faculty of Computer and Information Science



## **Application for the Doctoral Student-Assistant position**

I, the undersigned		(first and last name) am applyi	ng for the
		iversity of Ljubljana, Faculty of Computer and Ir	
Science for the 2017/202	18 academic year. M	ly contact details are:	
Date of hirth:			
Date of birtii.			
Permanent address:			
Temporary address:			
Mobile phone number:			
Email:			
_		cation form for the Computer and Information	on Science
programme for the 2017	7/2018 academic ye	ar.	
		(signature)	
In	,	(date)	

The application form should be sent to:

Študentski referat Univerza v Ljubljani Fakultete za računalništvo in informatiko Večna pot 113 SI-1000 Ljubljana Slovenija