**O b r a z a c**

**PREDLOG ZA NAPREDOVANJE NASTAVNIKA U ZVANJE**

Naziv ustanove, adresa i broj telefona:

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Opština:

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Na osnovu čl. 20 stav 3 i čl. 23 stav 2 Pravilnika o vrstama zvanja, uslovima, načinu i postupku predlaganja i dodjeljivanja zvanja nastavnicima, dostavljam Ministarstvu prosvjete, nauke i inovacije prijedlog za napredovanje nastavnika:

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(ime i prezime nastavnika)

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(JMBG)

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(datum i mjesto rođenja, država)

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(naziv visokoškolske ustanove, godina diplomiranja, država)

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(stečeno zvanje)

Stručni ispit položen \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ocjena \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(datum i mjesto, ustanova)

Ukupan broj godina radnog staža u izvođenju obrazovno vaspitnog procesa \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Uz prijedlog za napredovanje dostavljaju se dokazi o ispunjenosti uslova za napredovanje nastavnika, i to:

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **D i r e k t o r**

**Mjesto**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Datum** **M. P.**

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