Student internship

Attachment

Student personal information

Name and surname:

Study programme and year of studies

Index book number

Data of the Company offering the Internship:

Company name:

Address:

Tax Identification Number (NIP):

Internship Supervisor: ………………………………………………………..

Position:

Date of internship beginning: (dd-mm-yyyy) ………………………………………

Date of internship completion: (dd-mm-yyyy) ………………………………………..

Number of hours:

Document needed (tick the appropriate with X):

 Declaration    Agreement

Language of document

 Polish      English

…………………………………………………………………..

Student's signature

Year Tutor/ Advisor

Name and surname, academic degree: ……………………………………………………

I accept/do not accept the practice (delete as appropriate)

…………………………………………………………

 Signature of the Year Tutor/Advisor