

.....
Student's name and surname, album number

.....
Field and form of study

.....
Year of study

Mrs./Mr.
Vice-Dean for Student Affairs of the Faculty

.....
.....

Application for crediting a student internship

I kindly request that my internship during full-time/part-time studies be credited.

in the field of in the academic year/.....

on the basis of (enter one of the situations specified in § 6 section 10 of the Professional Practice Regulations)

.....

As confirmation, I am attaching (Annex A) the relevant certificate.

.....
Student's Signature

Opinions:

1. Internship supervisor for the field of

..... I consent/do not
consent¹ to receiving credit for the internship and submit the matter for further consideration

date, signature.....

2. Faculty internship manager

.....
I consent/do not consent¹ to receiving credit for the internship and submit the case for further consideration

Signature.....

3. Vice-Dean for Student Affairs of the Faculty of

..... I consent/do not consent to
receiving credit for the internship

Signature.....

¹
delete what is not necessary

CERTIFICATE

1. Purpose of issuing: to complete a student internship

2. Student's name and surname:

.....

3. Name of the institution/facility where the student works/worked:

.....

4. Address of institution/facility

5. Business profile

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6. Student's position during work

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7. Working time

8. Scope of student's responsibilities while working in relation to his/her field of study

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9. Details of the person who can certify the accuracy of the above data (president, director,

Research Programme Coordinator/Erasmus, etc.) with signature

.....

10. Notes.....

11. Date and signature of the student.....