

In relation to the Regulations for the student internship programme at the Faculty of Management, University of Lodz

Lodz, date:.....

.....
First name and Family name

Faculty of Management, University of Lodz

Study Programme:

Full-time studies / Part-time studies*; 1st-cycle studies / 2nd-cycle studies*

.....

year of study

student's ID

Applies to acceptance of other forms of student internship programme

I request that another option is used for the purpose of completing my student internship programme (tick as appropriate):

- participation in the work of a science camp
- running my own business
- running a farm
- working on the family farm
- employment under an employment contract, mandate contract or contract for specific work
- completing a paid internship programme in a company
- student internship under the Erasmus programme or another exchange programme
- participation in the organisational/scientific activities at the University of Lodz (including student scientific associations)
- work as a volunteer

I confirm my professional activity with documents provided to the internship supervisor.
Please accept my application request.

.....
student's signature

I do agree / I do not agree*

Lodz, date:.....

.....
internship supervisor's signature

** remove if non-applicable*