**APPLICATION FOR APPROVING AN INTERNSHIP**

**BASED ON EMPLOYMENT CERTIFICATE/ RUNNING BUSINESS ACTIVITY/TAKING UP OTHER FORMS OF PROFESSIONAL ACTIVITY \***

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| --- | --- |
| The University Internship Supervisor’s name and surname |  |
| Student’s name and surname |  |
| Student ID number |  |
| Contact number |  |

I, the undersigned, hereby request the recognition of my internship:

|  |  |
| --- | --- |
| Name of the internship |  |
| on a semester  (semester number) |  |
| Year of study |  |
| Field of study |  |
| specialization | first cycle degree studies/second cycle degree studies/uniform studies\* |
| Study form | full time course/part time course \* |
| Number of didactic hours \*\* |  |

Implemented in:

|  |  |
| --- | --- |
| Name of the entity |  |
| Entity address: street, building number, apartment/office number |  |
| Postal code |  |
| city |  |
| TIN number: |  |

In the form of the following activity \*\*\*\*\*:

employment based on a fixed-term employment contract \*

employment based on a civil law contract (contract of mandate, contract for specific work)

running an independent business

☐ internship

volunteer work

engaging in other professional activity consistent with the profile of the field of study (please specify which)?):

…………………………………………………………………………………………………………………………………………………

which I confirm with the attached Certificate of employment / internship / volunteer work / activity\*.

..........................................................

Student’s signature

**Certificate of employment/internship/volunteer work/activity \***

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| --- | --- | --- | --- | --- |
| Student’s name and surname |  | | | |
| Nr albumu |  | | | |
| Contact number |  | | | |
| E-mail address |  | | | |
| Study level | first/second degree cycle program/uniform master studies \* | | | |
| Form of study | full-time program / part-time program)\* | | | |
| Field of study |  | | | |
| Specialization |  | | | |
| Name of teh entity: |  | | | |
| Entity address: street, building number, apartment/office number |  | | | |
| TIN Number: |  | | | |
| Start date of internship/volunteer work/employment/activity |  | | | |
| End date of internship/volunteer work/employment/activity \* |  | | | |
| Monthly working hours or number of completed hours of internship/volunteer work/professional activity |  | | | |
| Job title/position/activity of the student |  | | | |
| Scope of tasks and work performed (substantive, organizational, auxiliary tasks) that correspond to the internship program and regulations for the specific field of study \*\* |  | | | |
| I am attaching to the application \*\*:  portfolio  scope of studies  other (for example. Copy of the contract, employment certificate ……………………………………………………………………………..  ..........................................................  Student’s signature | | | | |
| **Assessment of the degree of achievement of learning outcomes by the student**  **Assessment of the degree of achievement of learning outcomes by the student– to be completed by the student's direct supervisor**  (all elements of knowledge, skills, and social competences indicated in the "Internship Program and Regulations" for the specific field of study and educational cycle must be considered) | | | | |
| **Learning outcomes adopted to an internship on the field of study \*\*\*** | | **Assessment of implementing learning outcomes \*\*\*** | | |
| **fully** | **partially** | **none** |
| **Knowledge:** | | | | |
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| **Skills:** | | | | |
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| **Social competences:** | | | | |
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|  | |  |  |  |
| I confirm the student's job description included in the employment / internship / volunteer certificate and the achievement of learning outcomes by the student.  .............................................................. ..……………………......................................................  Place, date supervisor’s legible signature and a seal\*\*\*\*\*\* | | | | |

**Explanations**:

Cross out if not applicable

\*\* The student provides a detailed description of duties/tasks performed or attaches a confirming document, such as a copy of the agreement/copy of the volunteer agreement/copy of the job description/portfolio.

\*\*\* The student independently fills in learning outcomes in the areas of knowledge, skills, and social competences based on the "Internship Program and Regulations." The employer assesses the level of their achievement by placing an "X" in the appropriate box. Please follow the scope of duties/type of tasks performed by the student.

\*\*\*\* One didactic hour equals 0.75 clock hours.

\*\*\*\*\* "Activity" refers to the student's experience/actions completed no more than 2 years prior to the submission of this document.

\*\*\*\*\*\* In the case of a person completing the internship based on their own business activity, the signature is provided by the business owner.

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| --- |
| **Approval of the internship completion by the University Internship Supervisor** |
| I agree to recognize the activity presented by the student as an equivalent to the internship *(internship’s name):………………………………………….……….*…………………..………………………………………………….  required in semester (number of the study semester)…………………………………, in the field of ………………….……………………………………………………………………………………………………….………,  Bachelor's degree / Master's degree / Integrated Master's program \*  covering……………………….…. teaching hours.\*\*\*\*  With a grade of ………………………….……………..…… *(grade, pass, fail)*  ………………………………………………………………………..  date, signature, and stamp of the University Internship Supervisor |