|  |  |
| --- | --- |
| **Part A (for ULS)** |  |
|  ,  *Seal of the institution and full address place and date***APPROVAL OF INTERNSHIP** The directorate of the Host Institution **……………………………………………………………………………….***Name of the Host Institution* agrees that Ms./Mr. ,*name and surname of a student* register number **…………**, contact number: **……………………………………….** e-mail **……………………………………….………**, a student of the …**………** semester, of the **…………** year**,** of the **…………** cycle degree studies/uniform studies\* on the field of …**…………………….……………………….,** full-time program/part-time program\* will undertake an internship in the dimension of **………………. clock/didactic hours\*** (…… weeks).Start date **………………,** end date: of an internship.The Internship Supervisor of the Host Institution is Ms. /Mr. **…………………………………..**  telephone number: ……………………………………, e-mail: **……………….**Information on financial clearance1: **£ contract to perform an internship service; resignation of remuneration** |
| **I have read** **the „Program and Regulations of Internship”** ü *Date and signature of the Internship Supervisor*  |  *Date and signature of the directorate of the Host Institution*  |
| \*delete as appropriate |  |
| **■**   |
| "  |
| **Part B (for the institution)****THE UNIVERSITY OF LOWER SILESIA** **Career and Internship Office** **ul. Strzegomska 55, 53-611 Wrocław****tel. 71 356 15 74** |  |
|  Wrocław,  *date***INTERNSHIP REFERRAL**The University of Lower Silesia based in Wrocław refers Mr./Ms., **……………………………………………………….** *Name and surname of a student*register number **…………**, contact number: **……………………………………….**, email address **…………,** a student of the **…………**  semester, of the **…………** year, of the field of study: **……………………….……………………….** of the **…………** cycle degree studies/uniform studies\*, full-time program/part-time program\* for an internship in the dimension of **………………. clock/didactic hours \*** (…… weeks) to the Host Institution according to the “Program and Regulation of Internship”.The referral is given for submitting it to the Host Institution.  |
| Official stamp |  *date, signature, and stamp of the Internship Supervisor*  |

\*delete as appropriate