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| **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 |  | | |
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| **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