



## PRELIMINARY APPROVAL OF A STUDENT'S ADMISSION FOR AN INTERNSHIP

**Name and Surname:** Enter name and surname

**Faculty:** Enter faculty

**Field of study:** Enter field of study

**Specialization:** Enter specialization

**Student ID no.:** Enter student ID no.

**Year of study:** Enter year of study

**group:** Enter group

**E-mail:** Enter contact e-mail address

**tel:** Enter phone number

**Internship supervisor (on behalf of the University):**

**Name and Surname:** Enter name and surname of internship supervisor (on behalf of the University)

**E-mail:** Enter supervisor's e-mail address

**tel:** Enter supervisor's phone number

**Internship period from** Select the start date of the internship **to** Select the end date of the internship

**Full name of the Enterprise / Institution:**

Enter the full name of the enterprise/institution where the internship will take place

**Full correspondence address of the Enterprise / Institution:**

street, postal code and city

**Name and Surname of the supervisor on the side of the Enterprise / Institution:** Enter name and surname

**E-mail address of a representative of the Enterprise / Institution:** Enter e-mail address

**Tel:** Enter phone number of the representative

**Expected department / position of the internship:**

Enter department/position

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stamp and signature of an authorized representative  
of the Enterprise/Institution

**I give my consent**

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Signature of internship supervisor  
on behalf of the University

\* The practice should lead to appropriate learning outcomes in terms of knowledge, skills and social competences. The framework program of internships for a given field of study is available on the Faculty's website.