

Name and Surname: Enter name and surname

Student ID no.: Enter student ID no.

## POZNAN UNIVERSITY OF TECHNOLOGY Faculty Enter faculty

Attachment no. 2

## APPLICATION FOR CREDITING AN INTERNSHIP ON THE BASIS OF PROFESSIONAL EXPERIENCE

| Faculty: Enter faculty   |    |
|--|----|
| Field of study: Enter field of study   |    |
| Specialization: Enter specialization   |    |
| Group: Enter group   |    |
| I kindly request training credit based on work experience obtained:  |    |
| in the following Enterprise: Enter full name of Enterprise   |    |
| Enterprise address: Enter full address of Enterprise   |    |
| NIP: Enter NIP   |    |
| position held: Enter position  |    |
| Scope of duties: Enter the scope of duties using bullet points:  |    |
| -  |    |
| -  |    |
| -  |    |
| -  |    |
| In connection with the information provided in the application, I request that the period of employment from Sele      | ct |
| start date do Select end date  |    |
| in the number of weeks Enter number of weeks   |    |
| in the number of hours per week Enter number of hours per week   |    |
| on the basis of a copy of the attached employment contract dated <b>Select date of signing</b> and internship reports. |    |
|  |    |
| Student signature  |    |
| The learning outcomes envisaged for the internship have/have not* been achieved.                                       |    |
| CREDIT / NO CREDIT*  |    |
|  |    |
| Signature of internship supervisor on behalf of the University   |    |

<sup>\*</sup>cross out unnecessary information