Attachment No. 5

…….
Place, date

…….
Student's Surname and First Name

…….
Student ID Number / Programme / Specialisation

…….
Year of Study / Mode of Study

Dean's Delegate for Internships

…….

APPLICATION
for crediting professional work as the compulsory internship

Pursuant to § 15 of the Study Regulations, I request the recognition of the professional work I have performed / internship completed / business activity conducted / other organised forms of activity I have undertaken as part of the compulsory internship.

Employer's Details: (full name and address of the institution, legal form, sector, territorial scope, activities)

……..…

Period of Employment – corresponding to the requirements of the professional internship in the given semester:

……..…

Main tasks performed by the student:

……..…
……..…
……..…
……..…
……..…

…….
Student's Legible Signature

REQUIRED ATTACHMENTS

1. Certificate of employment issued by the employer.
2. Extract from the National Court Register (KRS) or foreign equivalent

To finalise the internship, a correctly completed form on the Moodle platform, confirming the achievement of learning outcomes for professional internships, is required.