

INTERNSHIP REFERRAL

John Paul II University in Biala Podlaska kindly requests to accept the student:

The student's full name:

Record book no:

Faculty:

Field of study and year:

Level of study: first degree studies/second degree studies/ uniform master's studies*

Form of study: full-time programme/part-time programme*

internship

(exact name of the internship)

in the number of: teaching hours.

We also ask to appoint a supervisor who will directly supervise the student completing the internship, acquaint him/her with the regulations applicable in the workplace, set tasks to be implemented and make appropriate entries confirming the successful completion of the internship.

The consent for the internship will take the form a completed and signed agreement, given to the university along with the confirmation of the possibility of the implementing of learning outcomes during the internship.

Thank you for your support.

Best regards,

* underline proper choice

Biala Podlaska,