|  |  |  |
| --- | --- | --- |
|  | **POZNAN UNIVERSITY OF TECHNOLOGY** **Faculty Enter faculty** | **Attachment no. 2** |

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

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

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

**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 **Select 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 **Select date of signing** 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

*\*cross out unnecessary information*