Appendix No. 1 to the Regulations of Student Internships at CUT

(ORDER No 531/2024 by CUT Rector)

 Czestochowa, [wstaw datę]

Name and surname: …………………………………………..

Student ID No: …………………………………………………

Faculty: [wybierz element]

Form and level of studies: [wybierz element]

Profile: [wybierz element]

Field of study:

Academic year: [wybierz element]

Semester: [wybierz element]

Phone number:

**Declaration**

I hereby declare that I have read and understood the procedure concerning internships at the [wybierz element] Faculty of the Czestochowa University of Technology.

…………………………………………

(legible signature of the student)