Appendix No. 3 to the Regulations of Student Internships at CUT

(ORDER No 531/2024 by CUT Rector)

 Częstochowa, [wstaw datę]

Name and surname:

(of the student)

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:

**Insurance Declaration**

I declare that I am covered by accident insurance during my internship. Along with this declaration, I submit a photocopy of the policy or a document confirming insurance.

…………………………………………

(legible signature of the student)