Appendix No. 7 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:

**Studies Director**

 of the Faculty ………………………………………….

 ………………………………………….

 ………………………………………….

**Częstochowa University of Technology**

**Application for crediting the internship**

I kindly ask you to include the activities performed within the framework of the internship towards the internship [wybierz element]

in ………………………………………………………………………………………………

…………………………………………………………………………………………………

(name and address of the workplace)

I am attaching a list of activities performed as part of:

* official duties certified by the Employer [[1]](#footnote-1),
* business activity conducted [[2]](#footnote-2)\*;

and the necessary documents confirming the achievement of the assumed learning outcomes.

…………………………………………

 (legible signature of the student)

Opinion of the Dean's Representative for Internships/Internship Supervisor:

………………………………………………………………………………………………......

…………………………………………………………………………………………………..

…………………………………………………………………………………………………..

 ……………………………………...............................................

(signature of the Dean's Representative for Internships/Internship Supervisor)

Decision of the Studies Director:

I pass/I refuse to pass [[3]](#footnote-3)\*

………………………………………….

 (signature of the Studies Director)

1. Delete any unnecessary. [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)
3. \* Delete any unnecessary. [↑](#footnote-ref-3)