

Opole,

The Office of Academic and Student Affairs kindly requests your consent to allow

.....,
(Student's full name)

a student of the **2nd** year of : **II English Philology**, complete a **15 weeks (480 hours)** internship in your Company/
Institution/ Unit.

An official agreement will be signed after receiving your consent, i.e. after completing the application form and submitting it to the Office of Academic and Student Affairs.

Student's full name	
Full name of the receiving entity:
Company's address:	town: code: street: voivodeship: phone:
Dates of the internship	
II English Philology	Internship supervisor's full name:
Acknowledgment of admission Signature of authorized person: unit (company) stamp	
Accepted by coordinator	

.....
(student's full name)

Opole,

.....
phone)

**STATEMENT OF A STUDENT OF THE UNIVERSITY OF OPOLE
on reading the Rules of the organization of student internships**

I, the undersigned:, residing at

.....,
a student of the University of Opole, hereby declare that before commencing the internship I have familiarized myself
with the contents of the Rules of the organization of student internships, which I confirm with my own signature.

.....
(student's legible signature)

* Delete as appropriate