

BIURO DYDAKTYKI I SPRAW STUDENCKICH / OFFICE OF ACADEMIC AND STUDENT AFFAIRS

Opole,

ul. Katowicka 68, 45-060 Opole tel. +48 77 442 35 22 <u>praktyki@uni.opole.pl</u>, www.praktyki.uni.opole.pl

The Office of Academic and Student Affairs kindly requests your consent to allow		
Student's full name)		
a student of the 2nd ear of full-time programme: II English Philology , complete a 3-week internship in your Company/ Institution/ Unit.		
An official agreement will be signed after the Office of Academic and Student Affa	er receiving your consent, i.e. after completing the application form and submitting it to irrs.	
Student's full name		
Full name of the receiving entity:		
Company's address:	town:	
	street: voivodeship: phone:	
Dates of the internship		
II English Philology Full-time studies	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 OPO on reading the Rules of the organization of student intern	
I, the undersigned:, residing at	
a student of the University of Opole, hereby declare that before commencing the in myself with the contents of the Rules of the organization of student internships, will signature.	ternship I have familiarized
(student's legible	signature)

* Delete as appropriate