

.....
Stamp of a faculty / unit

Łódź, on

REFERRAL No.
for an internship

Lodz University of Technology directs students of year of first/second cycle* general academic/practical* studies in the field of to complete a professional internship in

.....
hereinafter referred to as the Workplace, in accordance with the attached detailed professional internship program attached to this referral.

Proposed period of professional internship: from to

Lodz University of Technology refers the following students to the Workplace/Company for internship:

No.	Name and surname of the student	Student's register number	Comments
1	

I consent/~~do not consent~~* to the organization of a professional internship within the above-mentioned period.

The person responsible for the implementation of the internship on the part of the Workplace will be

.....
(name and surname, position, contact telephone number)

.....
*Signature of the manager of the
Workplace
or an authorized person*

.....
*Signature of the supervisor of student
internships (TUL)*

This referral was made in two identical copies, one for each party.

*delete as appropriate

Attachments:

1. Detailed program of the internship (App. 3a).