|  |  |  |
| --- | --- | --- |
|  | **POZNAN UNIVERSITY OF TECHNOLOGY**  **Faculty Enter faculty** | **Attachment no. 2** |

**APPLICATION FOR CREDITING AN INTERNSHIP ON THE BASIS OF PROFESSIONAL EXPERIENCE**

**Name and Surname:** Enter name and surname

**Student ID no.:** Enter student ID no.

**Faculty:** Enter faculty

**Field of study:** Enter field of study

**Specialization:** Enter specialization

**Group:** Enter group

I kindly request training credit based on work experience obtained:

in the following Enterprise: Enter full name of Enterprise  
Enterprise address: Enter full address of Enterprise

NIP: Enter NIP  
position held: Enter position

Scope of duties: Enter the scope of duties using bullet points:  
-  
-  
-  
-

In connection with the information provided in the application, I request that the period of employment from **Select start date** do **Select end date**

in the number of weeks **Enter number of weeks**

in the number of hours per week **Enter number of hours per week**

on the basis of a copy of the attached employment contract dated **Select date of signing** and internship reports.

*-----------------------------------*

Student signature

**The learning outcomes envisaged for the internship have/have not\* been achieved.**

**CREDIT / NO CREDIT\***

*-----------------------------------*

Signature of internship supervisor   
 on behalf of the University

*\*cross out unnecessary information*