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|  | **POZNAN UNIVERSITY OF TECHNOLOGY** **Faculty of Chemical Technology** | **Attachment no 1** |

**PRELIMINARY APPROVAL OF A STUDENT'S ADMISSION FOR AN INTERNSHIP**

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

**Faculty:** Enter faculty
**Field of study:** Enter field of study
**Specialization:** Enter specialization

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

**Year of study:** Enter year of study **group:** Enter group

**E-mail:** Enter contact e-mail address **tel:** Enter phone number

 **Internship supervisor (on behalf of the University):**
**Name and Surname:** Justyna Werner, PhD

**E-mail:**  justyna.werner@put.poznan.pl **tel:** +48 61 6652883

**Internship period from** Select the start date of the internship **to** Select the end date of the internship

**Full name of the Enterprise / Institution:**
Enter the full name of the enterprise/institution where the internship will take place

**Full correspondence address of the Enterprise / Institution:**

street, postal code and city
**Name and Surname of the supervisor on the side of the Enterprise / Institution:**  Enter name and surname

**E-mail address of a representative of the Enterprise / Institution:** Enter e-mail address

**Tel:** Enter phone number of the representative

**Expected department / position of the internship:**Enter department/position

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stamp and signature of an authorized representative

of the Enterprise/Institution

**I give my consent**

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Signature of internship supervisor
on behalf of the University

\* The practice should lead to appropriate learning outcomes in terms of knowledge, skills and social competences. The framework program of internships for a given field of study is available on the Faculty's website.