Appendix 5

Opole, date ………………..

Name, surname [Imię, nazwisko]:

student identification number [Numer albumu]:

study programme [kierunek] **English in Public Communication**

Module [Moduł wybieralny]:

Course of study [Tryb studiów]: full time [stacjonarne]

**INTERNSHIP COORDINATOR**

**Koordynator praktyk zawodowych na kierunku**

**w miejscu**

**APPLICATION to cover Obligatory Professional Internship**

**on the basis of a legal employment contract / other civil law contract / volunteering\***

I am asking for the consent to cover my 90 hour Internship in semester 5 on the basis of a legal employment contract / other civil law contract / volunteering\*. I attach the confirmation of my employer/supervisor that my professional tasks performed at that company/institution\* allow me to realize learning outcomes assigned to the Internship of the study programme.

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student’s signature [podpis studenta]

|  |  |
| --- | --- |
| **Decision of the internship coordinator** | |
| I give consent [wyrażam zgodę]  ………………………………  Date and signature of the Internship coordinator | I do not give consent [nie wyrażam zgody]  ………………………………  Date and signature of the Internship coordinator |

\*) delete unnecessary