

*In relation to the Regulations for the student internship programme at the Faculty of Management,
University of Lodz*

Lodz, date:.....

.....
First name and Family name

Faculty of Management, University of Lodz

Study Programme:

Full-time studies / Part-time studies*; 1st-cycle studies / 2nd-cycle studies*

.....
year of study *student's ID*

Applies to acceptance of other forms of student internship programme

I request that another option is used for the purpose of completing my student internship programme (tick as appropriate):

- ☐ participation in the work of a science camp
- ☐ running my own business
- ☐ running a farm
- ☐ working on the family farm
- ☐ employment under an employment contract, mandate contract or contract for specific work
- ☐ completing a paid internship programme in a company
- ☐ student internship under the Erasmus programme or another exchange programme
- ☐ participation in the organisational/scientific activities at the University of Lodz (including student scientific associations)
- ☐ work as a volunteer

I will confirm my professional activity with documents provided to the internship supervisor.
Please accept my application request.

.....
student's signature

I do agree / I do not agree*

Lodz, date:.....

.....
internship supervisor's signature

* remove if non-applicable