

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 completing the internship programme started at an earlier date / or the internship programme completed before the formal period.

I am asking for permission to complete my student internship programme within the following period:

.....
student's signature

I do agree / I do not agree*

Lodz, date:.....

.....
internship supervisor's signature

** remove if non-applicable*