



INTERNSHIP APPROVAL FORM

Acting on behalf of:

(Name and address of the institution / company)

hereinafter referred to as the **Employer**, represented by:

(Name and surname of the person authorized to represent the Employer)

I declare, that:

1. An employer is interested in approval of of MRS. / Mr:

(Name of student)

Student of the Poznań University of Life Sciences for an internship.

2. A trainee will be supervised during the internship by:

(first name and last name)

3. The internship is planned in the period *:

4. Tasks assigned during an internship = with regard to the learning and training outcomes will be outlined in the internship program.

PLACE AND DATE

*SIGNATURE AND COMPANY STAMP OF
EMPLOYER*

*Implementation of internships may not extend beyond the period: **01.09.2016 - 31.08.2018**; trainee is required to work for 120 hours of internship in a given calendar month.

***You study – You should practice. Internship program for students of the Faculty of Veterinary Medicine and
Animal Sciences of University of Life Sciences***

