



INTERNSHIP APPLICATION FORM

We hereby declare our willingness to participate in the program of internships for students of the Poznań University of Life Sciences within the Project (1)

Name and address of employer:	
Core business:	
Number of offered places	<i>(applies to foreign internships)</i>
The length of internships	
Preferred dates of internships ** (in format DD-MM-YYYY):	
from: ...-...-... to: ...-...-...	
Place of internship (address):	
Requirements for the trainee¹¹ if applicable:	
Shortened program for interns	

If you choose our internships offer we commit to implement them in accordance with these declarations.

PLACE AND DATE

SIGNATURE OF EMPLOYER'S REPRESENTATIVE
COMPANY STAMP

* The length of the internship depends on the level of study and the place of internship (MA foreign - 240 hours)

Implementation of internships may not exceed the dates: **01.09.2016 - 31.08.2018

¹ the required professional qualifications, permissions (eg. driver's license, actual Epidemiological Station book), knowledge of foreign languages, etc.

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