



Appendix No.10 to the Regulations of participation in the project and participation in the paid professional internships

The Project You study – You practice. Internship programme for students of the Faculty of Veterinary Medicine and Animal Sciences of Poznań University of Life Sciences, no. POWR.03.01.00-00-S234/15

DECLARATION OF EMPLOYER ON THE WILLINGNESS TO TAKE STUDENT ON INTERNSHIP

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 to take MRS. / Mr:

.....
(first name and surname of Student)

Student of Poznań University of Life Sciences for an internship.

2. An intern will receive internship Supervisor during the internship, i.e.:

.....
(first name and surname)

3. The internship is planned in the period *:

.....

4. Activities on an internship and its substantive content with regard to the educational outcomes will be included in the internship programme.

.....
 PLACE AND DATE

.....
 SIGNATURE AND COMPANY SEAL OF EMPLOYER

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

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