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|  |  | Kraków, on ....................... |
| Student’s full name – Album number |  |  |
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| Course (educational route) |  |  |
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| Form, degree and year of study |  |  |

**STUDENT DECLARATION   
of becoming familiar with the rules of carrying out an internship**

**I declare that I have familiarised myself with Faculty Procedure PW-02: Rules for the organisation, realisation and completion of internships at the Faculty of Food Technology (UR/USZJK/WTŻ/PW-02), together with appendices, and I undertake to comply with them.**

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| Date |  | Student’s signature |