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

**APPLICATION
for an internship**

…………………………………………………………………………………………………..
…………………………………………………………………………………………………..Name and address of the Institution hosting the internship

I kindly request your consent to carry out the mandatory internship
at your Institution from ........................... to ............................., amounting to ............... hours.

I hope that the knowledge and skills I will acquire and my commitment will enable me to carry out my professional tasks conscientiously.

I kindly ask you to consider my application positively.

|  |  |  |
| --- | --- | --- |
|  |  | Student’s signature |

**Opinion of the Dean’s Representative for Student Internships**

The internship proposed by the student is in accordance with the Framework Internship Programme for the course studied. I request your consent to carry out the internship of the above student at your Institution.

 …………………………………………………
Signature of the Dean’s Representative for Student internships

**Consent of the representative of the Institution host the internship**

**……………………………………………………………………………………………………………………….**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Date |  | Signature of a person authorisedto represent the Institution hosting the internship |

I consent to the processing of my personal data contained in my application for an internship by the University and the

|  |
| --- |
|  |
| Name of the host Institution |

in order to carry out the recruitment process, in accordance with the Personal Data Protection Act (Polish Journal of Laws of 2018. item 1000, consolidated text of 30/08/2019, Polish Journal of Laws of 2019. item 1781 as amended).

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Date |  | Student’s signature |