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

**INTERNSHIP PLAN  
implemented during the academic year ......................**

|  |  |  |
| --- | --- | --- |
| # | Name and address of the host Institution and  accepted Application for internship (attached) | Internship implementation period  (date from-to) |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |

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Signature of the Dean’s Representative Student’s signature

for Student Internships