

PERSONAL DATA

Full name	
Register no.	
Personal ID Number	
Residence address	
Telephone number	
e-mail	

UNIVERSITY DATA

UNIVERSITY OF SZCZECIN FACULTY OF ECONOMICS, FINANCE, AND MANAGEMENT	
<input type="checkbox"/> Full-time studies <input type="checkbox"/> Part-time studies	Field of study:
Speciality	
Study year/ semester	

STUDENT REQUEST

Based on the Rules and Regulations for Student's Work Placement at WEFiZ US, I hereby request to receive credit for my work placement.

Form of implementation of the work placement:

- ☐ professional work during studies in a given field of study
 in the company/institution type of activity
 performed.....
 over a period from to
- ☐ running a self-employed business while studying in a given field of study
 Company name.....type of activity
 performed
 over a period from to
- ☐ participation in work placement /apprenticeships during studies in a given field of study
 in the company/institution type of activity
 performed.....
 over a period from to

I enclose certificates / other documents confirming the performance of activities per the work placement programme of the course:

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.....
 Date and student signature

DECISION OF THE STUDENT WORK PLACEMENT SUPERVISOR

- ☐ On the basis of the documents presented, I shall pass the work placement
☐ I shall not pass the work placement

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 Date and signature of work placement Supervisor