Referral
University of Szczecin (Faculty of economics, finance, and management)
student to complete a work practice in an organizational unit of the university

1.

Student's full name: ……………………………………………………………………

field and year of study: ………..……………..…………..…..

mode of study: ☐ full-time studies   ☐ part-time studies

Register no……………………………………………………………………………

Personal ID Number …………………………………………………………………….

Residence   address: …………………………………………………………………..

telephone number, e-mail: …………………………………………………………………

2.

The University of Szczecin organizational unit in which the student will complete his/her

work placement:

....

Work placement date ……………………………………………….…………..............

3.

Persons authorized to supervise the trainee::

- on the part of an organizational unit of the US - an employee of the US:

  …………………………………………………….……………………............,

  e-mail:…………………………….…………..……………………………….………...

- Work placement Supervisor:

  …………………………………………………………….…..…..………...…

  e-mail:……………….…………………….………………………………...………….

4.

The student's work placement will be carried out according to the work placement programme
annexed to this Referral, mutually agreed between the mentors mentioned in point 3.

…………………………………………   ……………………..……………
signature of the head of the US organizational unit   signature of the Vice-Dean for Student Affairs

Annex to the Referral: work placement programme