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| ................................................................................  *(Name of student, id number)* | Date: ................... |
| ................................................................................  *(Field of study, semester ordinal number)* |  |

Dean of Faculty Management

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**APPLICATION**

**for recognition of a full/part time\* employment as a mandatory internship**

Please consent to the recognition of a full/ part time\* employment in connection with the mandatory internship in accordance with the learning outcomes assigned to the appropriate field of study in the period from ......................... to ............................. (planned number of hours for mentioned above period .................).

1. Substantive area of the undertaken

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1. Coincidence of competences/skills achieved during employment and learning outcomes of appropriate field of study ........................................................................................................................................................................................................................................................................................................................................

**I declare that I have achieved the following learning outcomes as part of my job duties (select appropriate):**

* PEU\_K01 The student is able to perform various roles in the organization / project teams, etc., in accordance with the expectations / preferences of the employer.
* PEU\_K02 The student is aware of the importance of the relationship between knowledge and managerial and business activity as well as responsibility for the decisions made.
* PEU\_K03 The student is aware of the necessity of independent learning and the necessity of continuous improvement of professional qualifications in connection with economic and technological progress.

*........................................ ....................................*

*Date and signature of employer, stamp of company date and student’s signature*

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| Dean’s approval |
| *....................................*  *date and Dean’s signature* |