WSB University Field: INTERNATIONAL RELATIONS, FIRST-CYCLE PROGRAM

e.g. Jan Kowalski e.g. 12345	Dąbrowa Górnicza, e.g. 30.01.2022
(student's name and surname, register number)	•
e.g. International Business (specialization)	
e.g. +48 123 123 123 e.g. jan.kowalski@student.ws.edu.pl	
(phone number and e-mail address)	
Mode of study: full-time/ part time*	
Program of study: first-cycle Year of study e.g. 1, 2, 3 emester e.g. 1, 2, 3, 4, 5, 6	
Name and surname of the Supervisor:	
e.g. Marek Łata	
Thesis supervisor (required only when the student gathers materials necessa	
APPLICATION FOR CREDIT F	
(circle as a	G BUSINESS ACTIVITY / TAKING OTHER FORMS
OF ACT	
To the I	Rector's Plenipotentiary for Student internship
I request credit for the internship I, II, III (circle as applica	ble) completed in (company's name, address)
e.g. Akademia WSB, 3 Maja Street 1/2, 41-300 Dabrowa G	
In the form of*:	
 employment under an indefinite duration employr 	ment contracts
 employment under a fixed-term employment cont 	
employment under a civil law contract	
 conducting business activity 	
volunteer work	
 undertaking different activity relevant to the field 	of study (which?)
1' 1 I 'd d 1 1	
which I confirm with the documents enclosed**	
London	
I enclose:	
1. certificate of employment	
2. contract of employment	
3. scope of duties	
The date of commencing and finishing the internship / well	Inteer work / work * frome.g. 01.01.2021 to
e.g. indefinite	
* sinds as andicable	
* circle as applicable ** it can be a contract of employment / certificate of employment and	a confirmed scope of duties/job description: a certificate of completed
internship together with the internship program; a certificate of volunte	eer work and tasks performed, the confirmation of conducting business
activity- a CEIDG certificate, etc. Only copies of documents confirmed as	
The topic of a Bachelor thesis (it applies only to semester 5)	o write a Bachelor thesis during the internship in semester 5)
e.g. "Studying at a university: a study."	
* circle as applicable	
**	
I agree to recognize the student's activity	ty as an equivalent of the Internship I, II, III
(date) (Supervisor's signature)***	(date) (signature of the Rector's Proxy for Student Internships)
*** Supervisor's signature is required only when the student gathers materials necessary	(unic) (signature of the rector's Froxy for state in the institute)
to write a Bachelor thesis during the internship in semester 5.	

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Description of the employer (legal form, branch, territorial scope of the activity): **Description of the student's present/previous* position (s):** The nature of the tasks and works performed (substantive, organizational and auxiliary works): **Knowledge** acquired during work (what have you learned?): **Skills** acquired during work (what have you learned?): **Social competences** acquired during work (what have you learned?): How is professional experience/business activity relevant to the internship program in the given field of study: (student's signature) I confirm the description of the student's professional work Stamp and signature e.g. Piotr Nowak Katowice, 30.01.2022 place, date Surname and first name, stamp and signature of the superior