

Attachment no. 4  
to the Rules of Student Occupational Internship  
in the Vistula University

Warsaw, .....

**Vistula University in Warsaw**

Department of.....

Stokłosy 3

02-787 Warsaw

Department Supervisor for the Student Occupational Internship:

.....

phone no. ....

e-mail .....

**Referral to student occupational internship**

The Vistula University in Warsaw refers

Mr/Ms ....., student of the faculty  
..... studying .....degree in full-  
time / part-time studies\* in the Department of .....  
in the Vistula University, in Warsaw (album no. ....)—to complete  
student occupational internship in the Organisation:

.....  
on the grounds of the agreement on organisation of student occupational internship, made on  
....., in the period from..... to .....  
(time of duration of the internship as specified in the programme of the studies).

.....  
(date and signature of the Department Supervisor for the  
Student Occupational Internship)

**\*cross over the one not applicable**