

Warsaw, date

Full name:.....
Student ID no.
Studies: full-time/part-time*
Semester Faculty
Level of education: 1st/2nd degree*
Telephone number
e-mail

Faculty Student Training Supervisor

Concern: Occupational internship

The faculty of Dietetics:
The name of practice and the semester, which relates with this practice

The faculty of Tourism & Hospitality Management: form of accomplished internship
general/ specialized

I would therefore ask to approve passing the occupational internship, which is based on
the job/other activities in:

.....
Name and address of the Organization, where internship took place

.....
student's signature

Decision:

I accept / do not accept*

Passed/not passed*

Semester.....(amount of hours.....) grade (scale 2.0 – 5.0):
(grade in digits) (grade in words)

.....
date and signature

Faculty Student Training Supervisor

** cross over the one not applicable*



Szkoła Główna Turystyki i Hotelarstwa Vistula
Grupa Uczelni Vistula

