

Warsaw, date

Student's Name and Surname:

Student ID card No.:

Mode of study: **full-time/part-time***

Level of study: **1st / 2nd* level**

Year of study(1-3)/semester(1-6):...../.....

Specialty:

Phone number:

E-mail:

Dean of the Department of Tourism and Hospitality Management

Concern: Occupational internship

Field of study:

- Tourism and Recreation:** name of implemented internship **general/specialized***
- Dietetics:**
(the name of practice and the semester, which relates with this practice)
- Lifestyle Coaching:**
(number of the semester that the internship corresponds with)

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

.....
name and address of Organization

.....
student's signature

Decision:

I accept / do not accept*

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

.....
date and signature of the Faculty Supervisor of Vocational Student Internships

COMMENTS:

***delete as appropriate**