

Warsaw, date .....

**Vistula School of Hospitality**

Faculty of Tourism and Recreation

Stokłosy 3

02-787 Warsaw

Faculty Supervisor of Vocational Student Internships: .....

e-mail: .....

Contact to the Careers and Internship Office: .....

phone number: .....

e-mail: .....

**Referral for vocational student internships**

Vistula University refers:

Mr./Ms. .... (student ID card No. ....),

student of (field of study) .....

at the **1<sup>st</sup> / 2<sup>nd</sup>\* degree** program, **full-time/part-time\*** studies at the Faculty of Tourism and

Recreation of Vistula School of Hospitality to complete the vocational student internship at the

Enterprise/Institution:

.....

based on the Contract on the organization of vocational student internship in the period from

..... to ..... (internship duration is defined by the study

program).

Implementation of the internship is conditional to the conclusion of a Contract between the University and the Enterprise/Institution for the organization of student internships / Agreement on the admission of students to the internships.

.....  
*(date and signature of the Faculty Supervisor of Vocational Student Internships)*

**\*delete as appropriate**