(filled in by the UŁ)

.... Łódź, ...…………… (date)
(stamp of UŁ basic organizational unit)

Referral to student vocational practice continual

…………………………………………
…………………………………………
[head of the school/institution,
name and address of the school/institution]

The University of Łódź requests the aforesaid to enable the implementation of student practice
in …………………………………………………………………………………… by
…………………………………………………………………………………………………...
(student, faculty, field of study, year of studies, student ID card)
Practice duration: …………..weeks …………..hours.
Practice date: ……………………………………………….

…………….………..………………
(signature of UŁ field-specific supervisor)

_____

(filled in by the unit accepting the student for practice)

………………………………….. …………………..
(stamp of the institution) (date)

…………………………………………………………………..
…………………………………………………………………..
(head of the institution,
name and address)

accepts **student**…………………………………………………………………………...………

for **continual** practice.

Practice supervisor:

……………………………………. ………………………………….
(first name, surname, contact) (signature and stamp of the head
institution)