

University of Lodz
Faculty of Mathematics and Computer Science
Banacha 22, Lodz

Lodz, date

Traineeship referral form field-specific continuous

.....
.....
.....
head, name and address of the institution

The University of Lodz asks for traineeship at the institution for
a **student:**of the **Faculty of Mathematics and Computer
Science, study programme:**..... **year of study:**.....
student ID number:..... Pursuant to § 3 of the Agreement, the University of Lodz asks for
traineeship in the premises of the institution in a traditional or hybrid or remote mode.

Traineeship duration:..... **weeks,hours.**
Date of the traineeship:.....

.....
(signature of the UL field-specific traineeship supervisor)

.....
(fills the institution hosting a student for traineeship)

.....
stamp of the institution

.....
(date)

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

Agrees to host for traineeship **field-specific continuous** for a **student** (name, surname, student ID number):

.....

Date of the traineeship:

The traineeship supervisor is:

.....
.....*(name, surname, mail/phone number)*

.....
(signature and seal of the head of the institution)