

In relation to the Regulations for the student internship programme at the Faculty of Management, University of Lodz

Lodz, date:.....

.....
First name and Family name

Faculty of Management, University of Lodz

Study Programme:

Full-time studies / Part-time studies*; 1st-cycle studies / 2nd-cycle studies*

.....

year of study

student's ID

Internship report

Internship place (name of the organisation and address):

.....

The period adopted for the purposes of completing internship in the USOS system:

from..... till

Internship activities (organisational unit, tasks, responsibilities, remarks)
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.....

.....
student's signature

Internship supervisor's opinion:

.....

.....
Date, internship supervisor's signature

** remove if non-applicable*