

Warsaw, .....

**Vistula University**

Faculty of Computer Science, Graphics Design and Architecture

Field of Study: **Graphic Design**

Stokłosa 3, 02-787 Warsaw

Academic Supervisor of Professional Student Internships: **Zuzanna Lewandowska, PhD**

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**Referral for professional student internship**

**Vistula University directs Mr./Ms.** .....

(Student ID No.....) student of ..... semester in field of **Graphic Design**, at the **I degree/II degree\*** level conducted in **full-time/part-time\*** mode at the Faculty of Computer Science, Graphics Design and Architecture to undergo professional student internships at (name and address of the Company/Institution): .....

Duration of the internship period from ..... to ..... (in accordance with the study program).

The condition for carrying out the internships is the conclusion of an Agreement on organizing student professional internships between the University and the Workplace or an Agreement regarding the acceptance of students for internships.

.....  
(Date and signature of the Academic Supervisor of Professional Student Internships)

\* **strike out incorrect**