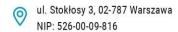


## Application for crediting professional student internship based on activities performed within own business activity

(active business conducted for a minimum of 1 year)

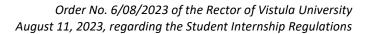
Dean of the Faculty of Business and International Relations
·
student's full name
student's ID number and semester of studies
I am a I degree student in the field of Bussiness and Security Analysis, specialization
Faculty of Business and International Relations at the Vistula University in Warsaw.
I am requesting the crediting of the professional student internship based on activities
performed within my own business activity aligned with the field of study.
I hereby declare that I have been running my own business since (start date of business)
and have performed tasks that align with the professional student internship
program corresponding to my field of study, totaling hours.
Company details (name, address, phone number, email; NIP, KRS):
Description of conducted business activity:







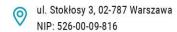






Description of tasks performed within my own busing	ness activity:
•••	Student`s legible signature

\*strike out incorrect









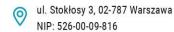


	(location, date)
(company stamp)	

## **STATEMENT**

## on achieving learning outcomes included in the student professional internship program

I hereby declare that I:
born on, residing at
······
conduct business under the name::,
registered in the National Court Register (KRS) under number, Tax Identification
Number (NIP):
During the course of conducting my business activities, I achieved the following professional internship objectives (as defined in the internship program):
While performing tasks within my own business activities, I achieved the following learning outcomes for the professional internship in the field of <i>Business and Security Analitycs</i> (particularly in terms of skills and social competencies):
- in terms of knowledge











Order No. 6/08/2023 of the Rector of Vistula University August 11, 2023, regarding the Student Internship Regulations

in terms of skills	
in terms of social competencies	
-	
Name and surname, Student ID No.	Date and student's legible signature
Decision of the Academic Super-	visor of Professional Student Internships
	internships based on activities performed within e field of study.
emester ( hours) grade (	scale 2,0 - 5,0): (in words)
Date ar.	nd signature of the Academic Supervisor of Professional Student Internships
COMMENTS:	
	internship based on activities performed within
. Current (matching the application submission	date) certificate from the Central Register and confirming: contact details, subject and scope of

