

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

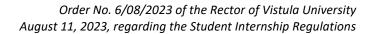
(active business conducted for a minimum of 1 year)

,
Dean of the Faculty of Computer Science, Graphic Design and Architecture
student's full name
student's ID number and semester of studies
I am a I degree student in the field of Architecture , I am studying in full-time/part-time* mode at the Faculty of Computer Science, Graphic Design and Architecture at 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)
program corresponding to my field of study, totaling hours. Company details (name, address, phone number, email; NIP, KRS):
Company details (name, address, phone number, email, 1vir , KKS)
Description of conducted business activity:
page 1
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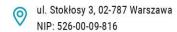




Description of tasks performed within my own bu	siness activity:
	Student`s legible signature

*strike out incorrect

page 2











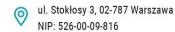
	(location, date)
(company stamp)	

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>Architecture</i> (particularly in terms of skills and social competencies):
- in terms of knowledge

page 3











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 Superv	visor of Professional Student Internships
	internships based on activities performed within e field of study.
emester (hours) grade (s	scale 2,0 - 5,0): (in words)
Date an	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

page 4

