

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 Philology and Journalism |
|---|
| student's full name |
| student's ID number and semester of studies I am a I degree student in the field of Journalism and Social Communication, speciality, studying in full-time/part-time* mode at the Faculty of Philology and Journalism 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) |
| Description of conducted business activity: |
| |

ul. Stokłosy 3, 02-787 Warszawa NIP: 526-00-09-816







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| Description of tasks performed within my own business activity: |
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| |
| Student`s legible signature |

*strike out incorrect

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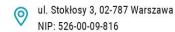
| | (location, date) |
|-----------------|------------------|
| | |
| (company stamp) | |

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>Journalism and Social Communication</i> (particularly in terms of skills and social competencies): |
| - in terms of knowledge |
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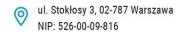




Order No. 6/08/2023 of the Rector of Vistula University August 11, 2023, regarding the Student Internship Regulations

| in terms of social competenci | | | | |
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| Name and surname, Studen | t ID No. | Date and st | uaeni s iegibie | Signature |
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business activity, active business conducted for a minimum of 1 year.



