

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 **Logistics**, specialization, studying in **full-time/part-time*** mode at the Faculty of Business and International Relations at Vistula University.

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):.....
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Description of conducted business activity:.....
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Description of tasks performed within my own business activity:.....

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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):.....:
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While performing tasks within my own business activities, I achieved the following learning
outcomes for the professional internship in the field of *Logistics* (particularly in terms of skills and
social competencies):

- in terms of knowledge
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- in terms of skills

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- in terms of social competencies

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Name and surname, Student ID No.

.....
Date and student`s legible signature

Decision of the Academic Supervisor of Professional Student Internships

I credit/do not credit Mr./Ms.
(Student ID No:) professional student internships based on activities performed within their own business activities in accordance with the field of study.

Semester (..... hours) grade (scale 2,0 – 5,0):
(number) (in words)

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

COMMENTS:

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Attachments to the application for crediting the internship based on activities performed within their own business activities aligned with the field of study:

1. Current (matching the application submission date) certificate from the Central Register and Information on Economic Activity (CEIDG), confirming: contact details, subject and scope of business activity, active business conducted for a minimum of 1 year.