	Warsaw,(date)
(Name nas surname)	
(student ID number, student group)	
(e-mail)	
(telephone number)	
	Faculty of Mathematics and Information Science

APPLICATION

Warsaw University of Technology

00-662 Warszawa ul. Koszykowa 75

	I	hereby	ask	for	granting	me	credits	for	the	obliga	tory	profession	onal	training
place	mer	nt which	I com	nplete	ed in the	form	of profe	ssion	al wo	ork per	forme	ed on the	bas	is of the
contract of employment/ specific task contract/ contract of mandate/ traineeship agreement1														
signe	d or	າ(dat		b	etween m	ne and	d the con	npany	y:			the company		
l perf	form	ned my	duties	s fro		 (date)			(da		s a	full-time/p	art-ti	me¹ job
in		the	C	comp	any's	ŀ	neadqua	rters		at		the	;	address:
										••••		s	tudent	's signature

Annexes:

- 1 A copy of the contract/ agreement
- 2 Internship program
- 3 Report on the course of the internship
- 4 Confirmation of the end of internship

¹ Delete as applicable