**STUDENT'S APPLICATION FOR THE TRAINEESHIP**

**Student’s info**

|  |  |
| --- | --- |
| Student’s first and last name |  |
| Album no |  |
| PESEL |  |
| Address of residence |  |
| Phone  |  |
| e-mail |  |

**University’s information**

|  |  |
| --- | --- |
| University | **The West Pomeranian Business School**  |
| Faculty / study mode |  |
| Specialization |  |
| Study year / semester |  |

**Traineeship place information (traineeship organizer)**

|  |  |
| --- | --- |
| Company/institution name |  |
| Address |  |
| phone |  |
| Traineeship supervisor on behalf of the company / institution (name and last name) |  |
| Traineeship date |  |
| Company/institution stamp  |  |

**Student’s statement**

|  |  |
| --- | --- |
| **I declare that I accept the obligation to insure myself against the consequences of unfortunate accidents and civil liability within the course of student’s traineeship.** | **Date and student’s signature** |