.............................................................................. .................................

Student’s name and last name city, date

…………………………………………………...................

department

...............................................................................

faculty - specialization

...............................................................................

album no

**Confirmation of the implementation of additional activity**

It is confirmed that .......................................................................................................

(first and last name)

partcipated in /organized/ developed\*….………………………………………………

………………………………………………………………………………………………….

(additional activity name)

....................................................................................................................................................

(institution’s name. address)

in number of hours .................................................................................................................

( number of hours

in the period of..............................................................................................................................

(from..to… day, month, year)

………………..……….… …………………………

(legible name and last name of the person confirming activity)

…………………………………………………………….. (office position/course or subject taught at the University)\*

I confirm the implementation of additional activity in the number of ……hours.

…………………………………….

(signature of the traineeship tutor)

\*(remove as appropriate)