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

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)