# Confirmation of the implementation of additional activity (in Polish) Potwierdzenie realizacji aktywności dodatkowej

It is confirmed that the student......................................................................................................

(name and last name)

Participated / organized / developed \*….…………………………………………………………….…

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

(activity name)

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

(institution name, address)

in the number of hours ………...................................................................................................................

( number of hours)

within..................................................................................................................................

(from…to…. DD, MM, YY)

………………..……….… …………………………

(legibly name and surname of the person confirming the activity)

……………………………………………………………..

(function / conducted class)\*

I confirm the implementation of additional activity in the dimension of ....... hours

………………….…………………………………….

(traineeship supervisor’s signature)

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

\*( delete as appropriate)