# 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)