



INDIVIDUAL CARD OF ADDITIONAL ACTIVITY

(karta realizacji aktywności dodatkowej)

First-cycle studies

STUDENT'S DATA (filled out by a student)

Student's name and last name	
Album no	
Field of study	
Specialization	
Study mode	
Year/study semester	

CONFIRMATION OF ADDITIONAL ACTIVITY (to be completed by the student)*

Lp.	Type of activity	Type of attached activity approval (S - statement, C- confirmation)	Number of hours (write it down)	Duration of activity** (from...to...)	Comments from the Supervisor
1.	Activities for the University (name it)				
2.	Pro-social Activities (name it)				



3.	Activities for personal development (name it)				

* except from the last column

**day/month/year

.....

(place and date)

.....

(Student's signature)



VERIFICATION SHEET FOR THE ACHIEVEMENT OF LEARNING OUTCOMES FOR ADDITIONAL ACTIVITIES

FIELD OF STUDY: MANAGEMENT

Degree: I st.

Academic Year...../.....¹

(is completed by the internship supervisor on behalf of the University)

Insert an "x" in the appropriate column for each learning outcome.

lp.	Learning effects	The degree of achievement of the learning effect				Comments from internship supervisor
		Very high	High	Average	Poor	
SOCIAL COMPETENCES						
1	is ready to actively participate in building and implementing various types of projects and social initiatives.					
2	is aware of continuous self-development and is ready to shape an active and ethical attitude on the professional and social grounds.					

I accept/I don't accept* additional activity	Date and signature of Dean/Internship Supervisor WPBS
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* delete as unnecessary

¹ Please enter the academic year in which the additional activity is accomplished.



**ZACHODNIOPOMORSKA
SZKOŁA BIZNESU**
AKADEMIA NAUK STOSOWANYCH

WYDZIAŁ W SZCZECINIE

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