VIZJA University Warsaw, 20……

Okopowa 59

01-043 Warsaw

Internship referral

According to the Agreement on providing student internship concluded between **VIZJA University** and

…………………………………………………………………………., our student is being referred to an internship at…………………………………………………………………...

from ……………………… to ……..…………………

Field of Study: …………………………………………..

The level of study:……………………………………….

Year of study:……………………………………………

The scope of tasks and responsibilities entrusted to a student and the detailed schedule for their performance shall be determined by the company's internship supervisor appointed on behalf of the unit in which the internship is conducted, having familiarized themselves with the "Internship Programme" for a given field of study.

……………………………………………………………

(Name and surname of University internship supervisor)

…………………………….………………………………(Phone number or email)

…………………………….……………………………… (Signature of University internship supervisor)