

Bialystok, .....

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Name

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Album No

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*Direction and degree of study*

*fixed / fixed studios*

.....

*Study cycle*

**Dean  
Computer Science Department**

**Dr Dorota Mozyrska, Prof. PB**

I ask that student practice be credited on the basis of professional experience gained at  
the

company .....

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Description of the work and its relationship with the study programme and the photocopy of the contract (professional training certificate) in the attached annexes.

*clear student signature*

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