

Białystok,

.....
Name and surname

.....
Album no

.....
Field and degree of study

full-time/part-time studies

.....
Study cycle

Dean
Faculty of Computer Science

Ph.D. Dorota Mozyrska, prof. PB

I am asking for credit for the student internship based on the professional experience gained in the
company,
implemented under the contract
....., under the supervision of
....., in the period from
..... to

Description of the work and its connection with the study program and a photocopy of the contract (certificate of professional internship) in the attached attachments.

student's legible signature

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