## REQUEST FOR WORK PLACEMENT ACCEPTANCE

................................................ Lublin, *....................*

First and last name

....................................................Field of study, year, mode

...................................................Student register No.

...................................................Street, house/flat No.

...................................................Postal code, post office/town

...................................................Phone number

…............................................................

**To**  .....................................................................

(Full name of the Receiving Institution)

.....................................................................

.....................................................................

(Address)

............................. ......................................

(Tax ID No. – NIP) (Statistical ID No. – REGON)

I would like to kindly request that you accept my work placement in

.......................................................................................................................................................
(Full name of the Receiving Institution)

in the Department: ........................................................................................................................

in the period from ...........................to .............................. ....................... / ..................

 (Total number of weeks/hours)

The Institution is represented by ......................................................... – .............................

(Person authorised to sign the Agreement) (Position)

The supervisor on behalf of the Institution is ........................................................................... (Supervisor's first and last name)
The supervisor’s contact number .................................................................................................

........................................... ............................................

Approval from the Receiving Institution Date and Student’s signature

**Decision of the Dean of the Faculty of**.................................................................. **of the WSEI University in Lublin**

I hereby agree/do not agree that the Student work as a trainee in the above-mentioned Institution.

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Date and Dean’s signature