

....., date.....
Company/Establishment name city / town

.....
Street and number

.....
Post code, city / town

.....
Telephone number

.....
Company/Establishment Stamp

Declaration

(Company/Establishment Name).....
..... hereby declares that it is willing to
admit the student of the year of studies at Lazarski University, 43 Świeradowska
St, 02-662 Warsaw, Poland:
(student's name and surname)
Student of:
specialization:
registered at the number:
for the period from: to:,
for the purpose of the work placement to be performed by him/her.

On behalf of the Company/Establishment, the appointed Student Work Placement
Supervisor shall be:
Mr / Ms (first name and surname)
(position in company):
phone / fax:, e-mail:
A person authorized to sign an Agreement on organization and conducting students'
internship on the part of the Company (name and surname, position)
.....,
mobile phone., e-mail:.....

.....
personal stamp and signature