STUDENT’S APPRENTICESHIP APPLY

|  |  |
| --- | --- |
| l. Surname | 2. Name |
| 3. Type of study full-time /part-time | 4. Year of study/Field of study |
| 4. Address  |
| 5. Student ID |

 Warsaw,

SiMR Faculty

Plenipotentiary of Dean for apprenticeship Paweł Wawrzyniak, PhD Eng.

Student’s apprenticeship will take place in: …………………………………………………… from ……………. to ……………..

Main goal of the apprenticeship:

student signature

|  |
| --- |
| l. Workplace name: |
| 2. Workplace address |
| 3. A person representing the workplacename and surname |
| 4. Apprenticeship tutor from workplacename and surname |

Detailed program:

Decision, comments:

Paweł Wawrzyniak, PhD Eng.