

## Attachment no. 3a

Lodz, .....

*Full name:*

**Faculty of Management, UL**

**Study programme:**

**Full-time / Part-time\* 1<sup>st</sup>-cycle studies**

*Year of studies and student ID number:*

**- CONCERNS THE PASSING OF INTERNSHIP BEYOND THE CITY OF LODZ**

I request the approval of my fulfilling the internship beyond the city of Lodz, i.e. in\*\*

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

*the student's signature*

**I approve / I do not approve\*.**

**Lodz, .....**

*the signature of the internship supervisor*

*\* cross out the unnecessary*

*\*\* provide the name and the address of the organisation where the internship is to be held*