



**Application for authorization of Industrial Internship
for engineering study courses (at least 45 days of internship)**

First name and last name of the student: _____

Study course: _____

Bachelor () Student ID: _____

Master ()

Subject of internship: _____

Schedule (at least 45 working days):
(according to the contract) 1. period from _____ till _____
(if applicable) 2. period from _____ till _____

Company name: _____

Address of the company: _____

Title and name of supervisor in company: _____

By signing below, the supervisor agrees with the attached working plan.

Signature of the supervisor: _____

By signing below, the supervisor confirms that the traineeship activity isn't recognized as confidential

Signature of the supervisor: _____

Contract of internship and working plan are attached to this application.

Signature of applying student: _____

To be completed by the Office of Internships:

The present application with the attached contract and working plan is

() authorized

() not authorized. Reason: _____

Date, signature -Director of the Office for Internships-

stamp