

CONFIRMATION OF STUDY

Name and address of the foreign school: _____

Given name(s) and family name of the student: _____

Date of birth: _____

First date of school (DD/MM/YYYY): _____

Last or anticipated end date of school (DD/MM/YYYY): _____

Form of study: ☐ In-person ☐ E-learning ☐ Distance ☐ Other: _____

STUDY PLAN

Subjects (please, do not use abbreviations): _____

Number of periods per week: _____

Duration of one period in minutes: _____

COMPULSORY INTERNSHIP

Name and address of organization: _____

First date of training (DD/MM/YYYY): _____

Last or anticipated end date of training (DD/MM/YYYY): _____

Field of activity / subjects: _____

Purpose: *This internship is an integral and mandatory component of the student's professional education.* _____

Number of periods per week:_____

Duration of one period in minutes:_____

Form of training: ☐ Full-time ☐ E-learning ☐ Distance ☐ Other:_____

Name and surname of authorized person at foreign school:_____

Signature of authorized person at foreign school:_____

School stamp: