

**Protocol No. 1
on the admission of a student to the internship**

Name and address of the internship provider:

(hereinafter „provider“)

accepts the following student for the internship:

Name and Surname:

Date of Birth:

Address:

Field of study:

The internship will take place in days:

Location of Internship:

Supervisor:

Job title:

E-mail:

Phone:

The student undertakes to make every effort to meet the goals of the internship. He/she is aware of his/her obligation to respect the supervisor's orders and the provider's managers. He/she will refrain from any activity that could damage the provider's reputation. If he/she comes into contact with confidential information during the practice, he/she is obliged to maintain confidentiality. Violation of this obligation exposes him/her to the risk of expulsion from studies.

The provider undertakes to cooperate to achieve the goal of the practice. Within its possibilities and internal rules of operation, it will enable the student to cooperate with selected departments, consult with the provider's staff, and get to know the provider's activities. At the end of the internship, the supervisor fills in a questionnaire, including feedback on the internship.

In _____ date:

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supervisor

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student