

.....
name of the Host Institution place, date

.....
street, number

.....
postal code, city/town

.....
phone number

**Declaration of acceptance of a student of the John Paul II Catholic University of
Lublin for an internship**

(Host Institution)

declares that it will accept from to

for a student job-specific internship a student of the John Paul II Catholic University of Lublin:

(name and surname), student book No.

Faculty, field

The Intern's Mentor: (name and surname, position)

.....

phone/fax:, e-mail:

Person authorised to sign an agreement on the organisation and conduct of the student job-specific internship on the
part of the Host Institution

.....
stamp and signature