**Annex 7 to the Ordinance**
**Model of documentation required to count other professional activity** **towards student internship** **Annex 7A**

............................................................ Lublin, on ....................................

*(full name)*

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

*(field of study)*

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

*(student book number)*

Dean of the Faculty ……………………………………

**APPLICATION FOR CREDIT**
**ON THE BASIS OF OTHER PROFESSIONAL ACTIVITY**

I would like to request to be given credit for my work done from ..................................................

to .................................in .......................................................................................................................................................................................................................................................................................

*(enter the full name and address of the establishment/company)*

as an internship ………………………… ..…………………………………………

*(name of internship)*

provided for in the curriculum ………….....................................…………....……

*(year, semester).*

I performed the tasks as part of *........................…..................................................…………………………….....*

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

*(type of professional activity)*

Moreover, after reading the applicable Internship Rules and Regulations, I declare that the nature of my duties corresponds to the tasks listed in the Regulations, both in terms of quantity and quality. The application shall be accompanied by appropriate documents confirming:

* professional activity,
* learning outcomes acquired during professional activity in accordance with the regulations of the course internships,
* other ………………………………..…………………

………………………..................................

*(date and legible signature of the student)*

 **Annex 7B**

**CERTIFICATE**

It is hereby certified that ……………………………………………………………………………………

Living under address .....................................................................................................................

born ….............………............... in ………..........................................................................................

during the period from .................................................... to ................................................... carried out professional activity in ……………………………………………………………………………

……..........................……….....………………………………………….............................................

……..........................……….....………………………………………….............................................

*(name and address of the institution)*

As part of their professional activity, the student performed the following duties:

……..........................……….....………………………………………….............................................

……..........................……….....………………………………………….............................................

……..........................……….....………………………………………….............................................

……..........................……….....………………………………………….............................................

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……..........................……….....………………………………………….............................................

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

*(date and signature of the authorized person)*

**Annex 7C**

**Confirmation of the achievement of the learning outcomes provided for in the Internship Rules and Regulations**

………………………………………………………….

*(name of internship)*

**at the field of** ……………………………………………………………………………………………

*(name of the field, year, and semester of study)*

|  |
| --- |
| **Full name of the student:** |
| **Student book number:** |
| **Symbol of the effect**  | **Description of the learning outcome** | **Mentor’s confirmation of achieving the expected learning outcomes** |
| In terms of knowledge |
|  |  |  |
|  |  |  |
|  |  |  |
| In terms of skills |
|  |  |  |
|  |  |  |
|  |  |  |
| In terms of social competence |
|  |  |  |
|  |  |  |
|  |  |  |

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

Internship Supervisor / Supervisor of Psychological and Pedagogical Internships / Practical Training Coordinator

*(date and signature)*