FORM 1

INTERNSHIP APPLICATION

Student registration number _____

Full name _____

Personal identification number (EMŠO) _____

Tax identification number _____

Permanent address _____

Contact details (telephone number, e-mail) _____

Faculty _____

Academic year _____

Field of study _____

Study cycle / degree level _____

Year of study _____

Full name of faculty supervisor _____

Place and date: _____

Student's signature

Faculty supervisor's signature

DETAILS OF THE ORGANIZATION WHERE THE INTERNSHIP WILL BE COMPLETED

Organization (company) _____

Address _____

Company registration number _____

Company tax identification number _____

Company e-mail address _____

Full name of the authorized representative (agreement signatory) _____

Full name of the company supervisor _____

Internship start date _____

Internship end date _____

Place and date: _____

Faculty supervisor's signature

Authorized representative's signature