

Form 1

REGISTRATION OF INTERNSHIP

Enrolment number

Name and surname

Personal identity number

Permanent address

Contact (telephone number, email address)

Faculty

Year of study

Field of study

Level of study

Year of study

Name and surname of the mentor at the faculty

Place and date

Signature by the student

Signature by the mentor at the faculty

DETAILS OF THE ORGANISATION, PROVIDER OF INTERNSHIP

Organisation (company): _____

Address: _____

Company registration number: _____

Company tax number: _____

Name and surname of responsible

person: _____

Name and surname of the mentor: _____

Start date of internship: _____

Place and date

Signature by the mentor at the faculty

Signature by the responsible person