**Appendix 2**to the procedure of implementation and reporting of curricular internships at WTiICh ZUT

Szczecin, date ...............................

**PERMISSION FOR PROFESSIONAL INTERNSHIP IMPLEMENTATION
 IN ZUT IN SZCZECIN**

As the head of the department

 (Department and faculty name and address, telephone number)

I permit implementation of professional internship in the department for

(Student name and surname)

a student of the West Pomeranian University in Szczecin (Faculty of Chemical Technology and Engineering), within a period from .................................. to ………………………….…

The intern supervisor from the part of the department will be

(Supervisor name and surname)

 (Head of Department signature) (Intern supervisor signature)

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

(Department stamp)