**Appendix 6**to the procedure of implementation and reporting of curricular internships at WTiICh ZUT

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(faculty stamp) (place and date)

**REFERRAL FOR A PROFESSIONAL INTERNSHIP**

The West Pomeranian University of Technology in Szczecin, Faculty of Chemical Technology and Engineering directs the student .............................................................................................

(name and surname)

study year…………………(full-time/part-time) ……… (first /second cycle) in major …………………………………

to the professional internship in:

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

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

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

(name and detailed company address, telephone number)

For the period from ....................................to………………………….….

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

(signature and stamp of the dean/dean’s representative for internships