…………………….…………...… (*place, date*)

**University of Wrocław, Faculty of Biological Sciences**

**field of study**……………………………………..…….. (*academic year 2015/2016*)

**DECLARATION**

**Student’s surname and name**

……………………………………………………………………………………

**Institution/institute** (*name, address, telephone, Tax Identification Number (NIP)*)\*

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

gives consent for **gratuitous**

acceptance of Mr./Ms. …………………………………………………………….………,

second year student of bachelor studies in the field of ……………………………..….

at the University of Wrocław,

for the professional practice

in the period form ……………… to ……………….,

for ………. hours.

Practical placement supervisor will be…………………………………………………………

………………………………………………….………..……

(*signature and stamp of the Director, Supervisor or the other person authorized*)

\* In the case of institution having departments, the complete address of the department and the address of the head office with Tax Identification Number (NIP) should be given