

(Place, date)

{headed notepaper of organization}

To: Podhalanska State School of Higher Vocational Education in Nowy Targ
Attention: (imię I nazwisko studenta)
E-mail address: (adres email studenta)
Referring: Erasmus Program

PRACTICE CONFIRMATION

This form confirms that
.....
(Company name, address)

and student
.....
(Student name, date of birth, address, e-mail, telephone number)

have agreed to pursue the following practice.

We hereby declare to:

1. Contribute actively to this work-placement program by offering placements:

- For:
(Student name)
- In term:
(12 weeks)

2. Support students by organizing an accommodation:

☐ YES ☐ NO

3. The Company will be providing an amount of financial support for the student: €

4. Contact person/coordinator from the company:

Name:

Position:

E-mail:

Phone:

SIGNATURES:

Student: Coordinator: