

.....
First and last name of the candidate

.....
Place and date

RESEARCH INTERNSHIP PROGRAMME NO. /

A. DURATION OF THE INTERNSHIP: (dd/mm/year) to

B. CANDIDATE DETAILS:

First and last name:		
Academic title / degree:		
Scientific discipline:		
Place of work - Scientific Unit Sending the Candidate for the Internship	Name	
	Faculty	
	Institute	
	Department	
	Facility / Laboratory	
	Address	
Candidate contact details:	Mobile phone	
	e-mail	
	Address	

C. INFORMATION ABOUT THE SCIENTIFIC UNIT HOSTING THE INTERNSHIP AT THE MARIA GRZEGORZEWSKA UNIVERSITY:

Name of the Academic Unit Hosting the Candidate:		
First name and last name of Head/Manager of the Hosting Scientific Unit:		
Department:		
Facility:		
Laboratory:		
Proposed internship supervisor:		
Internship supervisor contact details:	Phone number:	
	E-mail:	

D. PROPOSED INTERNSHIP TOPIC:

Scientific / artistic discipline:	
Subject area / internship topic:	
Internship purpose:	

E. PLANNED COURSE OF INTERNSHIP

Item	Task	Planned duration of the task (days)	Form of implementation of the task ^a	Place of implementation of the task
1				
2				
3				
4				
5				
6				
7				
8				
9				

Legend: a – on-site / on-line / hybrid / other

F. EXPECTED OUTCOMES OF THE INTERNSHIP

Item	Outcome	Planned time to achieve the outcome (date)
1		
2		
3		
4		
5		

G. THE MARIA GRZEGORZEWSKA UNIVERSITY INTERNSHIP IMPLEMENTATION COSTS

Item	Cost item	Quantity	Unit cost	Total cost
1				
2				
3				
4				
5				
6				
7				
TOTAL				

Total internship costs incurred by the Scientific Unit Sending the Candidate payable to the Maria Grzegorzewska

University (amount / in words):

.....

.....

(date)

.....

(candidate's signature)

H. RECOMMENDATION OF THE INTERNSHIP SUPERVISOR:

I give a positive opinion / I give a negative opinion * the research internship programme.

I recommend / I do not recommend * acceptance of the candidate for a research internship at the Maria Grzegorzewska University from (dd/mm/year) to

Justification of the opinion:

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

.....

(date)

.....

(signature of the internship supervisor)

I. DECISION OF THE HEAD/MANAGER REPRESENTING THE HOSTING SCIENTIFIC UNIT ON THE ADMISSION OF THE CANDIDATE TO THE INTERNSHIP IMPLEMENTED AT THE MARIA GRZEGORZEWSKA UNIVERSITY:

I accept / I refuse to accept * (first and last name of the candidate)

.....

for a research internship at (please provide the name of the hosting scientific unit)

.....

.....

at the Maria Grzegorzewska University within the date from

(dd/mm/year) to

I determine the cost of completing an internship at the Maria Grzegorzewska University to be:

.....

.....

(date)

.....

(signature)

*Delete as appropriate