Lodz, date: ….………………………………

…..........................................................

*(UL Doctoral School stamp)*

**REFERRAL TO APPRENTICESHIP FOR UL DOCTORAL SCHOOL STUDENTS**

University of Lodz requests the provision of apprenticeship to \*Ms/Mr

…………………………………………………………………………………….…………………………………………………...….,

*(full name)*

student of the …………………….…Doctoral School………………………..……………………..…………………….,

*(name of UL Doctoral School)*

……………..…… year of curriculum, Register No.: ….................

Duration of apprenticeship: …………………………………………………………….

Time frame of apprenticeship: start ………………………….. end ……………………………….

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

*(signed and stamped by Director of UL Doctoral School)*

(to be filled out by doctoral apprenticeship host unit)

…...................................................................... ................................... *(stamp of host university/unit) (date)*

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

*(name and address of university/unit hosting the apprenticeship)*

Accepts to provide apprenticeship to \* Ms/Mr ………………………….…………………………………………

………………………………………………………………………………………………………………………………………………, *(full name)*

student of ………………… Doctoral School ……….………………………………………………………….…………..,

*(name of UL Doctoral School)*

…………….…………… year of curriculum, Register No.: ………………………………………………………..

The above named person shall be Apprenticeship Advisor:

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

*(full name, academic degree/title)*

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

*(signed by representative of University/unit hosting the apprenticeship)*