.......................................................... Lodz, on ............................

name and surname

Doctoral School of Social Sciences

University of Lodz

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

year of studies / student’s index number

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

address e-mail, phone number

**Head**

**of the Doctoral School of Social Sciences**

**University of Lodz**

**NOTIFICATION OF THE INTERNSHIP IN THE FORM OF PARTICIPATION**

I report that I am undergoing internship in the form of class participation in the winter / summer semester\* of the academic year 20 ........./20 .........:

1. Type of classes - name of the subject .....................................................................................................................

number of hours: ..........................., study programme: ............................................................................................

Name of the academic teacher ..........................................................................

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2. Type of classes - name of the subject .....................................................................................................................

number of hours: ..........................., study programme: ............................................................................................

Name of the academic teacher ..........................................................................

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………………………….

signature of the doctoral student

**OPINION OF THE SUPERVISOR**

*(Doctoral student’s justification for undergoing an internship in the form of class participation)*

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signature of the supervisor

**DECISION OF THE HEAD OF THE DOCTORAL SCHOOL OF SOCIAL SCIENCES**

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Lodz, on............................ ....................................................................

 Signature of the Head of the Doctoral School of Social Sciences

*\* delete as appropriate*