

Attachement 4

Place & date



The Institution's seal

**JAGIELLONIAN
UNIVERSITY IN
KRAKÓW**

Faculty of Philosophy

Institute of Comparative
Studies of Civilisations

Confirmation of a completed internship

Student's full name: _____
Institute of Comparative Studies of Civilisations
Faculty of Philosophy
Jagiellonian University in Kraków
Students ID number: _____

Study programme:

- ☐ Porównawcze studia cywilizacji
- ☐ Studia nad buddyzmem
- ☐ Studia nad buddyzmem współczesnym

Year of study: _____

Employer/Company

Address (inc. COUNTRY)

Supervisor _____

Title/position _____

INTERN RESPONSIBILITIES:

Number of hours completed during the internship: _____

Internship duration (dates): _____

The relationship between the activities carried out and the educational profile –
section to be completed by the student

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Internship evaluation – section to be completed by the intern's supervisor

Internship evaluation and acceptance – section to be completed by the internship coordinator at the Institute

Student signature & date: _____

Intern's supervisor signature & date: _____

Internship coordinator signature & date: _____

Director of the Institute signature & date: _____