Poznan,

**STATEMENT CONFIRMING COMPLETION OF THE APPRENTICESHIP**

First and last name

Year of studies

Discipline

Album no.

**declare that:**

**I have completed the work placement during the academic year**  /

**in the number of hours**

Name of the subject *(exercises, laboratory classes, lectures\*)*

I have/have obtained a mark

Supervisor's name

Supervisor's signature

Signature of doctoral student

\* Underline as appropriate