Appendix No. 13

…………………………………

 ( *place and date )*

………………………………………………………

………………………………………………………

Name of the University/Institute

………………………………………………………

………………………………………………………

Address of the University/Institute

………………………………………………………

Phone

**Letter of intent**

**concerning the acceptance of an employee of the University of Agriculture for a three-month internship**

I hereby agree to accept the intern …………………………………………………………….

 full name

employed at the University of Agriculture in Krakow at the Faculty of………………………………………………………………………………………........... in the position of ……………………………………………………………………………..

 name of the position held

in order to undergo a three-month internship at ………………………………………………………………………………………………..

 name of the University/Institute/Department,

within the scope of ………………………………………………………………… sciences

scope/field of internship

in the period……………………………………………………………………………………..

 internship period

I assign …………………………………………………………… to be the Intern’s Supervisor

**Type of internship:** didactic, scientific, scientific and didactic /circle appropriate/

 …………………………………………………………………

 signature of person authorized to act on behalf of the accepting

 University/Institutewithin the scope of this letter of intent

**I accept this letter of intent.**

…………………………………………………………………… signature of Director of the Centrum Administracyjnego Wsparcia Projektów

 University of Agriculture in Krakow