*Attachement 9*

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

Institute official stamp

WORK PLACEMENT REQUEST

To the Person Authorised by the Placement Organisation

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

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

The Jan Kochanowski University in Kielce (Poland) respectfully requests that the following student (student's name and surname) ......................................................... be approved for a work placement from .......................... to .................................. for (number of hours) ............................... hours.

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

University Department / Field of Study / Year of Studies / Type of Studies

Kielce, Date ............................... ............................................................................... Institute Traineeship Supervisor (signature)

I approve the request.

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Person Authorised by the Placement Organisation (signature)