

City/date

**APPLICATION FOR ADMISSION TO AN ARTISTIC/SCIENTIFIC/POST-DOCTORAL
(HABILITATION) INTERNSHIP¹**

1.

Full name

2.

Address/PESEL id. no./date of birth/ ID number/passport number (expiration date)²

2.
.....

Name and address of the home institution / employer

3. Proposed date of starting and proposed duration of the internship:
.....

4. Description of research interests
(among others, a specification of the discipline of science or art) :
.....

5. Proposed outline of the *Individual Internship Program*
.....

6. Proposed Internship Supervisor³

a)

Full name of the KAZIMIERZ WIELKI UNIVERSITY employee/ Department



b) Please propose an Internship Supervisor among KAZIMIERZ WIELKI UNIVERSITY
employees -
.....

Applicant's signature

Attached:

- 1. CV
- 2.

-
- 1) Cross out as needed
 - 2) Applicable to foreign nationals

3) Underline as needed

DECISION⁴

I hereby give my consent to working as the Supervisor of the Internship

.....

Signature of the Internship Supervisor

A positive/ negative opinion on admitting the intern*

.....

Signature of the Head of the Organizational Unit (Institute/Chair/Department)

I hereby give my consent / do not give my consent to admitting the Intern*

.....

Dean's signature

Applicable to foreign nationals*:

1. I set the fee for participating in the internship in the amount of:
The University's account must be credited before beginning the internship
2. I waive the internship fee.

I hereby give my consent / do not give my consent to admitting the Intern*

.....

Rector's signature

1) To be filled out by KAZIMIERZ WIELKI UNIVERSITY

*- cross out as needed