Lublin, ………………………….

……………………………………………………………

(Student’s Name)

……………………………………………………………………

(Year, Course and Study Mode)

……………………………………………………………………

(Address and Telephone Number)

……………………………………………………………………

**Apprenticeship’s Plenipotentiary**

**of the course:**

**……………………..………………………..…….**

**REQUEST**

I kindly ask for giving the **compulsory apprenticeship** creditin academic year ………………………………...……..

My request is motivated by fact that in period of ………………………………………………………………………………….…….. I underwent/worked in…………………………………….………………………………………………………………………………….….………

where I accomplished tasks and fulfilled the responsibilities as below:

…………………………………………………………………………………………………………………………………………………………………….……

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To confirm the above I am attaching: …………………………………………………………………….………………………………………………………………………..…………………………

…………………………………………………………………….………………………………………………………………………..…………………………

I ask you for consideration of my request positively.

**…………………………………………………………….**

(Student’s signature)

**The Decision of Apprenticeship’s Plenipotentiary:**

**I agree\*/ I disagree**\*

**Reason:**

**……………………………………………………………………………………………………………………………………………………………**

**……………………………………………………………………………………………………………………………………………………………**

**………………………………………………**

(date and signature)