

Academic Work Experience 1/2

Confirmation of activity

Personal details

Matriculation number: _____

Last name: _____

First name: _____

Email: _____

Semester you are currently studying in: 1 2 3 4

Module for which you would like to register this activity:

Academic Work Experience 1

Academic Work Experience 2

Details about the activity

Name/description of activity/event: _____

- specific activities carried out and number of working hours:

activity	hours
	total hours:

Name of faculty member who supervised the activity: _____

Semester: _____

This part is to be completed by the faculty member only.

I confirm that the above information is correct and that all the student's activities were carried out in English.

Place and date

Signature

Stamp