

STATEMENT CONCERNING STUDEN'T PARTICIPATION IN THE MOST PROGRAMME OF THE UNIVERSITY OF SZCZECIN

I: STUDENT'S PERSONAL DATA	
Surname and name:	Album No.
Department:	
Major:	
Profile:	Year of study:
Studies:	
Residence address:	

II: STATEMENT OF BENEFITS IN THE ACADEMIC YEAR 2023/2024

It is hereby certified that the above-mentioned person has accounted for his/her participation in the programme and has passed all the subjects included in the study programme.

place, date

date, signature and stamp of the person confirming participation

*Please enter the correct semesters of the academic year.

III: TO BE COMPLETED BY THE EMPLOYEE

NOTES:

date of declaration, signature and stamp of employee