

.....  
name and surname

.....  
place, date

.....  
programme, type, mode of studies

.....  
student ID number

.....  
phone number, e-mail address

**Dear**  
**Prof. dr hab. Paweł Zalewski**  
**Dean of the Faculty of Health Sciences**  
**Ludwik Rydygier Collegium Medicum in**  
**Bydgoszcz**  
**Nicolaus Copernicus University in Toruń**

I request to conclude an agreement/acceptance of cooperation with

.....  
.....  
(training unit)

to implement the summer work placement:

.....  
.....  
(work placement)

in the scope of .....hours.

(number of hours)

Period of work placement: from ..... to .....

(date agreed after consultation with the training unit)

I request the issuance of an agreement with the referral.

.....  
(student's signature)

.....  
(signature of the work placement coordinator of the faculty unit  
responsible for the implementation of the work placement)

.....  
(Dean's signature)

Attachments:

- student's declaration of having a third party liability insurance
- consent of a training unit

