



PROFESSIONAL PRACTICE FOR BSC STUDY PROGRAMS

APPLICATION FORM

Name of the Student	
Neptun code	
Name of your major	
Intended date of the professional practice (from -to)	
Name of the Hosting Institute/Company	
Address	
Name of the external supervisor (outside of the Faculty)	
Position of the supervisor	
Phone number	
E-mail address	

Date of submission:

.....
Student signature

.....
**Head of the Institute and/or
Study Program Coordinator**

(Filled by the Host Institute/Company – where the professional practice took place)

STATEMENT OF ACCEPTANCE

Ias the representative of the Hosting Institute, I agree that Mr/Ms a student of the Faculty of Sciences, University of Pécs should fulfill his/her week-long professional practice at our institute/company.

Place and date:

Stamp

.....

Authorized signature

Handed in at the Front Office (A/324)