



**Co-funded by  
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02-366 Warszawa  
ul. Bitwy Warszawskiej 1920 r. nr 18  
tel. +48 22 562 35 00  
tel./fax +48 22 562 35 08  
rekrutacja@wsiiz.pl  
wsiiz.pl

## CONFIRMATION OF STAY

Please use black or blue ink and block capitals.

Mr. / Mrs. / Ms. ....

[student's first and last name] from Wyższa Szkoła Inżynierii i Zdrowia w Warszawie (Warsaw College of Engineering and Health), Erasmus code: PL WARSZAW59 has carried out internship in the period from ..... [start date: dd-mm-yyyy] to .....[end date: dd-mm-yyyy] at .....

[name of the company, address, tax ID number]. The student performed the role of .....

[name of the position occupied by the student].

Date:

Date and stamp	Signature of the responsible person
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