………………………………………………………………………………

 *contact details or the stamp of the Workplace*

………………, on ………………

**CERTIFICATE CONFIRMING THE ACHIEVEMENT OF THE LEARNING OUTCOMES**

**ASSIGNED TO STUDENT PRACTICAL PLACEMENT**

**as part of: employment, internship or volunteering or ………………………………\***

This is to certify that ………………………………………………………………………………………………………………………………

 ( *full name and address of the Workplace* )

**Mr/Ms ………………………….…………………………………………………………………**

a student of the ………… semester of full-time/part-time\* first/second\* cycle degree-programmeconductedin the field of …………………………………………………………………………………………

with a general academic/practical profile\* at the Faculty of …………………………………………………………………

as part of: employment, internship or volunteering or ………………………………\*

has performed the following tasks and/or activities\* within the scope of duties/scope of activities\*:

* ………………………………………………………………………………………………………………………………………
* ………………………………………………………………………………………………………………………………………
* ………………………………………………………………………………………………………………………………………

which enabled the achievement of learning outcomes assigned to the professional practical placement as set out in the curriculum applicable at the aforementioned field of study, level and profile:

|  |  |  |  |
| --- | --- | --- | --- |
| code | learning outcomes in terms of knowledge, skills and social competences (student who has completed the practical placement has the knowledge and understands/is able to/is ready to): | connection with learning outcomes prescribed to a field of study | Method of verification and assessment of learning outcomes |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| ... |  |  |  |

At the same time, this is to certify that:

* the duration of these activities is not shorter than the duration of practical placement as set out in the curriculum of the aforementioned field of study, level and profile;
* these activities were performed no later than within the last three years.

 *………………………………………………………………………………………*

 *signature of the authorized representative of the Workplace*

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I GIVE CREDIT FOR THE STUDENT PRACTIAL PLACEMENT / I REFUSE TO GIVE CREDIT FOR THE PRACTIAL PLACEMENT \*\*

 *………………………………………………………………………………………*

*signature of the AGH Practical Placement Supervisor*

*\* delete or add unnecessary*

*\*\* delete as appropriate*