*Appendix 1 to the Policy*

Doctoral School of Humanities and Social Sciences

University of Gdańsk

Academic year: ......../........

PROFESSIONAL PRACTICE FORM

Name: ...................................................................... Student ID no.: .....................

Year of education: ............ Field: ................................................... Discipline: ...............................................

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Course / Field, level and year of study** | **Description of professional practice** | **Form of practice\*** | **Number of hours** | **Date** | **Legible signature of the authorising/supervising person** |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |

\*Assist (A), co-teaching (W), independent (S) or mixed mode (M)

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Doctoral student’s legible signature