**DECLARATION OF ACCEPTANCE**

 **(form to fill before the profesional training)**

**Name of the student**: Neptun code:

E-mail:

Program:

Level: BSc/MSc

Beginning of student status: before september 2014 / after september 2014

Hereby we certify our willingness to accept the above named student for professional training. We have the necessary equipments and personnel to conduct the training. We assign supervisor who help and evaluate the student’s work.

The name, address and activity of the company:

The planned scope of activities of the student:

Data of training Start: End Duration:..............in man hours

Data of the CEO of the company and/or the appointed supervisor (name, assignment, phone number, e-mail):

After the completion of the training, filling the appropriate form of the Institute of Informatics, we give the student a certification and an evaluation of his/her work. The form is to be uploaded to the MAG Praktikum system by the student.

|  |  |
| --- | --- |
| Date:………………………… | …………………………………………. |
|  | Signature of the CEO |

Stamp

Hereby I apply for the permission to fulfill my training according to the above listed data.

|  |  |
| --- | --- |
| Date:………………………… | …………………………………………. |
|  | Signature of the student |