

**OPOLE UNIVERSITY OF TECHNOLOGY
FACULTY OF MECHANICAL ENGINEERING**

SUPPLEMENT ADDITIONAL INFORMATION

Full name

.....

Date and birthplace

industry training	workshop practice (duration)	workplace	confirmation – faculty assistant of practice
	diploma work practice (duration)	workplace <i>(date, signature)</i>
student scientific group or association		confirmation – faculty/department assistant <i>(date, signature)</i>
received prizes
other achievement (LLP Erasmus programme, Industry experience, etc.)

Opole,

(Date and student readable signature)