



Wroclaw 20.....

Referral to farm practice no./20.....

Based on our agreement, please accept Mr./Ms.....

(Student's name and surname)

a student of the Veterinary Medicine, Wrocław University of Environmental and Life Sciences,
student ID no., for farm practice in.....

.....

.....

(name of the farm/company accepting the student)

The period of practice will be from to, (..... hours)

.....
(signature of the Supervisor of farm practice)