



WROCLAW UNIVERSITY
OF ENVIRONMENTAL
AND LIFE SCIENCES

THE FACULTY OF VETERINARY MEDICINE

Wroclaw 20....

Referral to practice in veterinary inspection no. /20.....

According to the agreement between the Wroclaw University of Environmental and Life Sciences represented by- the Supervisor of veterinary inspection practice, acting on the Rector's behalf and

.....
.....

(name of the food business operator/company accepting the student)

please accept

Mr./Ms.....

(Student's name and surname)

a 4th/5th* year student of Veterinary Medicine, Wroclaw University of Environmental and Life Sciences, student ID no., for practice in veterinary inspection

in.....

The period of practice will be from to

.....

(signature of the Supervisor of veterinary inspection practice)

* delete as appropriate

