*Załącznik nr 2 do Decyzji nr 9/2022*

*Dziekana Wydziału Biologii*

*z dnia 1 września 2022 r.*

**INDIVIDUAL PROGRAM OF SCIENTIFIC TRAINEESHIP**

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| --- |
| **INFORMATION ABOUT TRAINEE** |
| Name and surname: |  |
| Title/Degree: |  |
| The place of work: | University: |  |
| Faculty: |  |
| Department: |  |
| Address: |  |
| Contact: | Telephone: |  |
| E-mail: |  |

|  |
| --- |
| **RECEIVING ORGANISATION** |
| Name: |  |
| Address: |  |
| Scientific Supervisor: |  |
| Contact: | Telephone: |  |
| E-mail: |  |

|  |
| --- |
| **AIM, PERIOD AND PLACE OF TRAINEESHIP** |
| Aim: |  |
| Thematic area: |  |
| Period of implementation: |  |
| Place of realisation: |  |
|  |

| **PLANNED TASKS AND DUTIES** |
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|  |  |
| --- | --- |
| **Tasks** | **Planned duration of the task (days)** |
| **Task I:** |  |
|  |  |
| **Task II:**  |  |
|  |  |
| **Task III:** |  |
|  |  |

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| **EXPECTED OUTCOMES**  |
|  |
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|  |  |
| --- | --- |
| Signature and stampof person authorizedto represent the receiving institution |  |
| Signature of Scientific Supervisor  |  |
| Signature of Head of Department(Faculty of Biology UoB) |  |
| Signature and stamp of Dean(Faculty of Biology UoB) |  |
| Signature of trainee |  |