



UNIVERSITY  
OF WARSAW



**Cognitive  
Science**

FACULTY OF PSYCHOLOGY UW  
FACULTY OF PHILOSOPHY UW

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Date and place

Name and surname: \_\_\_\_\_

Student ID number: \_\_\_\_\_

Year of study: \_\_\_\_\_

## **REQUEST FOR CREDIT FOR INTERNSHIPS**

I am a full-time student of the Cognitive Science programme at the Faculty of Psychology, University of Warsaw.

I request to be credited for the internship requirement in accordance with the profile of the course of study, which I confirm with the attached certificate.

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Signature

### **Annexes**

- An internship certificate from the Company/Institution, providing the nature of the position and associated responsibilities.