

To _____ department of
The Latvian Academy of Culture

(study programme)

_____ . year student _____
(full name, student ID)

contact information _____
(e-mail, phone number)

Application for Practice in the Chosen Specialization

I would like to apply for internship in _____ / _____ y. during the spring / autumn semester.

I plan to do the internship at _____
(name of organization / institution / project)

as _____
(job title / project title, etc.)

My supervisor would be _____.
(full name and job title)

Duration of the internship: _____
(dates from-to)

During the internship the following tasks are planned::

| |
|--|
| |
|--|

Student: _____ (signature) _____ (date)

Head of the Programme:

(signature)

(date)

Prakses apstiprinājuma lapa parakstītā veidā pēc prakses beigām jānodod LKA studiju daļā.