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| --- |
| 1. Student’s full name: |
| 1. Speciality, year of studies, semester: |
| 1. Dates of the Internship:   from …………………….…..……. to …………….……………. : |
| 1. Full name of the institution/company |
| 1. Full name of the supervisor in the institution/company: |
| 1. In-company position of the supervisor |

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| --- | --- | --- | --- |
| **Date** | **Number of hours covered** | **Specification of duties and responsibilities** | **Comments** |
|  |  |  |  |

…………………………… ……………..……………

(Institution’s/company’s seal) (Supervisor’s signature)