|  |
| --- |
| 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
 |

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

…………………………… ……………..……………

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