

**Part A: to be completed by the Company, in cooperation
with the Student**

FULL NAME	
MAJOR	
DEGREE LEVEL	FIRST-CYCLE (UNDERGRADUATE) / SECOND-CYCLE (GRADUATE)
MODE OF STUDY	FULL-TIME / PART-TIME
PROFILE	GENERAL ACADEMIC / PRACTICAL
YEAR	1 / 2 / 3 / 4
STUDENT IDENTIFICATION NO.	
TELEPHONE	
E-MAIL	

TYPE OF INTERNSHIP: SUPPLEMENTARY

COMPANY NAME	
ADDRESS	
FULL NAME OF INTERNSHIP SUPERVISOR	
INTERNSHIP / OTHER ACTIVITIES** START DATE	
INTERNSHIP / OTHER ACTIVITIES** END DATE	

The schedule of the completed internship comprises of hours.

TASKS PERFORMED DURING THE INTERNSHIP

1.	
2.	
3.	
4.	
5.	
6.	
7.	

.....
(student's signature)

In the course of the internship, the Student has achieved learning outcomes as regards knowledge, skills and social competences relevant to the course he/she attends. The list of learning outcomes along with the codes is available on the website of the School of Undergraduate and Graduate Studies.

THE INTERNSHIP SUPERVISOR'S OPINION:

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I hereby confirm that the internship has been completed and the above-listed tasks have been performed by the Student.

Full name of the person authorized by the Company	Signature and stamp