



**COMPLETION FORM RECOGNISING OTHER
ACTIVITIES, INCLUDING SUPPLEMENTARY
INTERNSHIP, IN LIEU OF THE MANDATORY
INTERNSHIP**

**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: OTHER ACTIVITIES

COMPANY NAME	
ADDRESS	
FULL NAME OF THE INTERNSHIP SUPERVISOR	
OTHER ACTIVITIES START DATE	
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 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:

.....

.....

.....

.....

.....

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

Part B: to be completed by the University's representatives

Re: recognition of other activities of the Student in lieu of a mandatory internship

Full name of the Dean/vice-Dean	The internship has been completed:	Date	Signature of the Dean/vice-dean
	<input type="checkbox"/> Approved <input type="checkbox"/> Refused		

Re: other activities recognized in lieu of an internship

Full name of thesis supervisor	The internship has been completed:	Date	Signature of the thesis supervisor
	<input type="checkbox"/> Approved <input type="checkbox"/> Refused		