**COMPLETION FORM**

**recognizing other activities as a mandatory internship**

**Part A: to be completed by a student in cooperation with an internship host**

### Name and surname: ……………………………………………………………………………………………………………………………….

Study program and profile:…………………………………………………………………………………………………………………….

Study level: ………………………………………..Mode of study: ………………………………………….....................

Year of study: ……………………………………

Album No.: ………………………………………..

Telephone: ………………………………………… E-mail: ……………………………………………………...

Type of activity (mark the reported type of activity):

| Paid work |  |
| --- | --- |
| Self-employment |  |
| Internship abroad |  |
| Student internship |  |
| Internship completed at another higher education institution |  |

Information about an institution where other acvitity has been carried out:

| NAME OF AN INSTITUTION |  |
| --- | --- |
| ADDRESS |  |
| NAME AND SURNAME OF AN AUTHORIZED REPRESENTATIVE OF AN INSTITUTION |  |
| OTHER ACTIVITY START DATE |  |
| OTHER ACTIVITY END DATE |  |

The schedule of a completed internship comprises of ......................... hours, minutes, …………... months.

|  | TASKS PERFORMED DURING THE OTHER ACTIVITY |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |
| 7. |  |

……………………………………………  
 (student’s signature)

During an internship course, a student will achieve learning outcomes regarding knowledge, skills and social competences relevant to the course they attend. The list of learning outcomes, along with relevant codes, is available on the website of the School of Undergraduate and Graduate Studies.

OPINION OF AN AUTHORIZED REPRESENTATIVE OF AN INSTITUTION

…………………………………………………………………………………………………………………...……………………………………………………………….………………………………………………….…………………………………………………………………………………………………………………...………………………………………………………………………………………………………………………………………………………………………………………………….………………………….…………………………………………………………………………………………………………………………………………………………

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

| Name of an authorized representative of an institution | Seal and signature |
| --- | --- |
|  |  |

**Part B: to be completed by the University’s representative**

**Recognition of learning outcomes achieved through other student activity**

| Name and surname of a thesis supervisor | Recognition of learning outcomes | Date | Signature of a thesis supervisor |
| --- | --- | --- | --- |
|  | * Approved * Declined |  |  |

**Agreement to recognize other student activities as mandatory internship**

| Name and surname of the Dean | The internship has been completed: | Date | Signature of the Dean |
| --- | --- | --- | --- |
|  | * Approved * Declined |  |  |