

## MASARYK UNIVERSITY

## **FACULTY OF LAW**

INSTITUTE OF LEGAL SKILLS AND INNOVATION OF STUDIES

Project "Theory – Skill – Experience: Innovation of Legal Studies" reg. No. CZ.1.07/2.2.00/15.0198, Operational programme Education for Competitiveness

## CERTIFICATE OF PROFESSIONAL PRACTICE

Student:			
Surname:		Name:	Study field LAW
Student's University Number:			
Professional practice trainer:			
Name:			
Address:			
The practice was carried out:			
from	to	_	
In the above period, the student performed the practice for the total of working days (one working day means 8 working hours).			
Description of student's activities in the course of the professional practice:			
Head of professional practice:			











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Name and Surname:		
Position:		
Contact (email, phone Nr.):		
Overall evaluation of the student:		
particular work activity and initiative, independence in carrying out tasks, organizational and communication skills, professional knowledge and assumptions, etc.		
Suggestions for Masaryk University, Faculty of Law:		
Evaluation prepared by:		
Name and Surname:  Place		
I hereby declare that I have been familiarized with the abovementioned evaluation		
DateStudent's signature:		
(to be filled out by the Masaryk University, Faculty of Law)		

Evaluation of the supervisor

ACCEPT

DECLINE

Signature: Date:











