

Protocol No. 2 Confirmation of completion of the internship and evaluation of the student¹

Surname and name of the student:

ID:

Field of study:

Name and registered office of the provider (or address of the workplace where the internship took place):

The internship took place on time (first and last day):

Brief description of the student's work activity during the internship:

The supervisor responsible for the proper organization and implementation of the internship program

Name, Surname and job position:

(signature and stamp):

Date:

I was informed about the evaluation on (date):

Student's signature:

¹ To be filled by the supervisor

Attachment of Protocol No. 2 – Hours worked

| Date | From | To | Hours |
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In _____ Date:

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supervisor

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student