

Confirmation of internship activity

(Due: **not later than four weeks** after the beginning of the following semester)

practice module I practice module II

1. **Student:** name, address, email address

2. **Institution:** name, address, telephone number, email address

3. **Practice guide:** name, professional degree/qualification, email address

4. **Start of the internship:** _____

End of the internship: _____

Overview of the internship process

Period from – till/ weeks	Areas of responsibility	Short description of activities

5. **The student has successfully completed the internship.**

yes

no

Place, Date

Stamp and signature
practice guide