

Maria Curie-Skłodowska University

in Lublin

Faculty ...

Programme: ...

Study cycle:

INTERNSHIP JOURNAL

Student's full name:

Student's record book number:

Mode of study:

Internship period:

Name and address of an institution at which the student participated in an internship:

Name:

Address:

NIP No:

Contact e-mail address for correspondence with an internship supervisor:

INTERNSHIP JOURNAL

Date	Working hours	Description of tasks carried out by the student during the internship

.....,

(Place) (Date)

Stamp of the institution

INTERNSHIP SUPERVISOR'S PERFORMANCE EVALUATION OF THE STUDENT

I hereby confirm that Mr / Ms, a ... -year (*study cycle*) student of programme, specializing in, has completed (*type of internship*) internship at (*name of the institution*) and served ... hours/... weeks* from to (*internship period*).

Learning outcomes achieved during the student's internship *:

Description of a learning outcome	Poor	Fair	Good	Very good

Overall evaluation of the internship (within the following grading scale: very good (5), good (4), satisfactory (3), unsatisfactory (2))

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Additional comments related to the student's performance **::

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Signature of a representative of the host institution

Stamp of the host Institution

* Choose the correct option

** If applicable