MARIA CURIE SKŁODOWSKA UNIVERSITY

Course \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRAINEESHIP DIARY**

Trainee’s name and surname

 Stamp of Project Office

TRAINEESHIP PERIOD

from ……………………….. to …………………………

Name of University

Address

**Faculty**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Confirmation of traineeship commencement:

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| *date* | *Signature of traineeship Supervisor* | *Stamp and signature of the person representing the University* |
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**WEEK CHART**

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**Dates: from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_201\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_201\_\_**

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| **Day** | **Working hours****from - do** | **Number of working hours** | **Description of tasks performed within traineeship** | **Trainee’s general remarks about the course of traineeship** |
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 Stamp and signature of the traineeship suervisor

**WEEK CHART**

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**Dates: from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_201\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_201\_\_.**

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| **Day** | **Working hours****from - to** | **Number of working hours** | **Description of tasks performed within the traineeship** | **Trainee’s general remarks about the course of traineeship** |
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 Stamp and signature of the traineeship Supervisor

**WEEK CHART**

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**Dates: from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_201\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_201\_\_.**

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| **Day** | **Working hours****from - to** | **Number of working hours** | **Description of tasks performed within the apprenticeship** | **Trainee’s general remarks on the course of apprenticeship** |
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 Stamp and signature of traineeship Supervisor

**WEEK CHART**

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**Dates: from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_201\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_201\_\_**

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| **Day** | **Working hours****from - to** | **Number of working hours** | **Description of tasks performed within the apprenticeship** | **Trainee’s general remarks on the course of apprenticeship**  |
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 Stamp and signature of traineeship Supervisor

**Confirmation of traineeship completion:**

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| *date* | *Signature of traineeship Supervisor* | *Stamp of the University* |
| ....................................... | ....................................... | ....................................... |

**Opinion of University apprenticeship Supervisor concerning execution of traineeship program by the student:**

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APPRENTICESHIP APPROVED: YES **□** NO **□**

 Signature and stamp of traineeship Supervisor

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**To be completed by Project Office**

**Remarks on Traineeship Specialist on the course of traineeship:**

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**Approval of traineeship by Traineeship Specialist:**

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| *date* | *Signature of Traineeship Specialist* |
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