|  |  |  |
| --- | --- | --- |
|  | **POZNAN UNIVERSITY OF TECHNOLOGY** **Faculty Enter faculty name** | **Attachment no. 8** |

REPORT ON INTERNSHIP COMPLETION

1. STUDENT DETAILS

Name and surname: Enter name and surname

Student ID no.: Enter student ID no.

Field of study: Enter field of study

Specialization: Enter specialization

Semester: Enter semester

Academic year: Enter academic year

1. ENTERPRISE DETAILS

Name of Enterprise: **Enter full name of the enterprise**

Address**: Enter full adress**

Place of Internship: **Enter place of internship**

1. DETAILS OF ENTERPRISE REPRESENTATIVE (internship supervisor on behalf of the enterprise)

Name and surname of Internship Supervisor in behalf of the Enterprise**: Enter name and surname**

Position / Department: **Enter position / department**

E-mail address**: Enter e-mail adress**

Contact phone number (business): **Enter phone number**

1. PLACE AND DATE OF INTERNSHIP

Place of Internship: **Enter place of internship**

Start date of Internship: **Click to enter start date**

End date of Internship: **Click to enter end date**

Working hours per week: **Enter numer of hours per week**

List of departments / positions where the student intern worked:

- **Enter department / position**

- **Enter department / position**

Description of the Enterprise (e.g. type of activity, range of products manufactured or services provided):

\*cross out unnecessary information

1. DESCRIPTION OF ACTIVITIES CARRIED OUT BY THE STUDENT DURING THE INTERNSHIP

Weekly Internship Summary: Week 1

|  |
| --- |
| **From date:** Click to enter date **To date:** Click to enter date |
| **No.** | **Date** | **List of assignments** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

Weekly Internship Summary: Week 2

|  |
| --- |
| **From date:** Click to enter date **to date:** Click to enter date |
| **No.** | **Date** | **List of assignments** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

Weekly Internship Summary: Week 3

|  |
| --- |
| **From date:** Click to enter date **to date:** Click to enter date |
| **No.** | **Date** | **List of assignments** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

Weekly Internship Summary: Week 4

|  |
| --- |
| **From date:** Click to enter date **to date:** Click to enter date |
| **No.** | **Date** | **List of assignments** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

ATTENTION!

The number of weeks should be adjusted to the length required in the programme of studies.

………………….………..

Date and Student signature

1. **DURING THE INTERNSHIP, THE FOLLOWING LEARNING OUTCOMES HAVE BEEN ACHIEVED**

**(PLEASE MARK THE APPROPRIATE COLUMN WITH X):**

|  |  |  |
| --- | --- | --- |
| **LEARNING OUTCOME** | **YES** | **NO** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

 ………………………..…………..

 Signature and stamp of

the Internship Supervisor on behalf of the Enterprise

**I confirm that the learning outcomes provided for the internship have been achieved.**

………………………..………..

 Signature of Internship Supervisor
 on behalf of the University