

Confirmation of practical training completion and student evaluation

Last name and first name of the student:

Study programme:

Admission confirmation, dated:

Provider's registered office:

and/or address of the workplace where the training took place:

The training took place on:

The reasons and number of days of absence from the workplace (illness, study, private matters, etc., must be made up in full extent):

Brief characteristics of student's work activities during the training:

Evaluation of student's performance in the training:

Responsible for due organisation and implementation of the training programme and evaluation:

First name, Last name and function:

Date, signature and stamp of the organisation

I was made familiar with the evaluation on:

Student's signature: