## Protocol No. 2 Confirmation of completion of the internship and evaluation of the student[[1]](#footnote-1)

**Surname and name of the student:**

**ID:**

**Field of study:**

**Name and registered office of the provider (or address of the workplace where the internship took place):**

**The internship took place on time (first and last day):**

**Brief description of the student’s work activity during the internship:**

**The supervisor responsible for the proper organization and implementation of the internship program**

**Name, Surname and job position:**

**(signature and stamp):**

 **Date:**

**I was informed about the evaluation on (date):**

**Student´s signature:**

## Attachment of Protocol No. 2 – Hours worked

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| **Total** |  |

In  Date:

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 supervisor student

1. To be filled by the supervisor [↑](#footnote-ref-1)