SSME study programme Interim Project, FI MUNI

## Confirmation of completion internship and student assessment

**Name of Student:**

**Study programme:**

**Length of Internship from - to:**

Partner’s place of business:

Eventually, Address of place of work where Internship took place:

Brief Description of student’s work activities During Internship (Attitude, Work approach, Work focus, etc.):

Person responsible for organization and fulfillment of Internship:

(Full Name and Work position of partner’s person responsible for Internship)

Assessment performed by:

(Full Name of partner’s guarantor)

(Signature and stamp):

Date:

I was acquainted with the Assessment on the date: Signature of student:

Assessment was handed on the date: Signature of Faculty’s guarantor: