

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:

