



INTERNSHIP RECORD BOOK

GENERAL INFORMATION		
Student Number		PHOTO
Student Name and Surname		
Birth Place and Date		
Institution of Internship		
Start Date	... / ... / 20.	
Scheduled Duration of Day	... / days	

End Date	... / ... / 20
Number of days counted for internship	... / days

END CONFIRMATION

.....
RESPONSIBLE INSTRUCTOR.

.....
TRAINER