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**FINAL REPORT FROM TRAINEESHIP**

Student name and surname:……………………………………………………………………..

Album number:……………… Department…………………………………………………….

Study year: ……………………….. Study semester …………………………………………...

Name of the Organisation/Enterprise/Address: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Name, surname and position of traineeship supervisor in organisation/enterprise:

……………………………………………………………………………………………………………………………………………………………………………………………………

Start date of Traineeship: ……………………

Finish date of Traineeship: ……………………

**CONFIRMATION OF TRAINEESHIP**

I confirm ……………… hours of traineeship and grant ……….. ECTS.

…………………………… ……………..……………………………......
Date Signature of Traineeship Supervisor
in Collegium Mazovia

REPORT– WORK CARD

|  |  |  |  |
| --- | --- | --- | --- |
| **Number** | **Date** | **Working activities\*** | **Working hours** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |
| 12 |  |  |  |
| 13 |  |  |  |
| 14 |  |  |  |
| 15 |  |  |  |
| 16 |  |  |  |
| 17 |  |  |  |
| Final number of hours |  |

\* Add table if needed.

…………..…………………………………..

 Date/Student’s signature

I confirm described plan of traineeship.

……………………………… ……………………………………………………………

Stamp Date and signature of Traineeship Supervisor
in Organisation/Enterprise