INTERNSHIP BOOK

………………………………………………

FIRST AND LAST NAME OF THE STUDENT UNDERTAKING THE INTERNSHIP

ALBUM NUMBER ............................

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

FIELD OF STUDY

……………………………………………………………….

MODE OF STUDY: (FULL-TIME/PART-TIME)

………………………………

LEVEL AND PROFILE OF STUDIES)

………………………………..

YEAR OF STUDY

……………………………………………………………………………………..

FIRST AND LAST NAME OFTHE INTERNSHIP SUPERVISOR

…………………………………………………………………………………………/……….

NAME OF A COMPANY WHERE THE STUDENT IS UNDERGOING THEIR INTERNSHIP/CALENDAR YEAR

**COURSE OF INTERNSHIP**

|  |  |  |  |
| --- | --- | --- | --- |
| DAY | HOURS FROM TO | NUMBER OF HOURS | SPECIFICATION OF THE ACTIVITIES CARRIED OUTINCLUDING STUDENT'S WORK-RELATED REMARKS AND CONCLUSIONS |
|   |   |   |   |

…………………………………………….

signature and stamp of the Internship Provider