

**Report on Internship**

|  |  |
| --- | --- |
| Student´s Name: |  |
|  |  |
| Firm and Place of Internship: |  |
| Department: |  |
| Address: |  |
| Date and Duration of Internship: |  |
|  |  |
| Short Assessment of Stay: |  |
|  |  |
| Grade:  *(choose from the scale bellow)* |  |
| Scale of grade: | 1 - Excellent, 2 - Very good, 3 - Good, 4 - Failed |
|  |  |
| Name of responsible person: |  |
| Position in Firm/Company: |  |
|  |  |
| Signature of the responsible person: |  |
|  |  |
| Date: |  |