**DAILY REPORT ON VOCATIONAL STUDENT INTERNSHIPS**

Student’s Name and Surname: .....................................................................................................

Student ID card No.: .........................

Mode of study: **full-time/part-time\*** Level of study: **1st / 2nd\* level**

Degree profile: **practical** Year of study/semester:…/…..

Corresponding semester of study: ……

Field of study:

* **English Philology**
* **Spanish Philology**
* **Journalism and social communication**

Duration of internships: from ................................... to .....................................

Name and address of the Host Institution/Enterprise, where the internships are held:

.......................................................................................................................................................

Name and Surname of the Host Institution/Enterprise Internships Supervisor:

......................................................................................................................................................

|  |  |
| --- | --- |
| Confirmation of internships commencement  ………………………………………  (date, stamp, signature) | Confirmation of internships completion  ………………………………………  (date, stamp, signature) |

**Daily Report is completed by the student.**

**The Host Institution/Enterprise Internships Supervisor confirms on an ongoing basis that the student is completing the tasks.**

**The person representing the host Institution/Enterprise signs the completed Daily Report on the last day of the internship.**

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Decision of the Faculty Supervisor of Vocational Student Internships (University)

**I credit/ I do not credit\***

Semester ………… (amount of hours ……..….) grade (scale 2,0 – 5,0): ………. ………….......

*(in number) (in words)*

……….………………………………………….……..………………………

**date and signature of the Faculty Supervisor of Vocational Student Internships**

COMMENTS: …………………………………………………………………………………..

***\*delete as appropriate* page 1**

............................................................................................................ (......................................)

Student’s Name and Surname (student ID card No.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE** | **INTERNSHIPS**  **TIMETABLE**  **FROM = TO** | **THE NUMBER OF HOURS OF PRACTICE** | **TYPE OF ACTIVITIES** | **SIGNATURE OF THE HOST INSTITUTION/ENTERPRISE SUPERVISOR** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**TOTAL NUMBER OF HOURS OF PRACTICE: …………………………………………...**

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Internships objectives (defined in the internships program)

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The main learning outcomes achieved by the student during internships

(describe in particular the outcomes in the scope of skills and social competencies):

* knowledge

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* skills

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* social competences

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……………………………………………………………………………………………………………………………………………………………………..……………………..………

*………………………………….…*

*(date and student’ signature)*

**Appendices:**

1. Terms and Conditions of the vocational student internships at Vistula University.
2. Program of vocational student internships of the pursued field of study and specialty.
3. Referral for vocational student internships.
4. Template certificate of completing vocational student internships.

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