**THE UNIVERSITY OF LOWER SILESIA IN WROCŁAW**

**THE FACULTY OF APPLIED STUDIES**

**Field of study:** …………………………………………………………………

**Level:** …………………………………………………………………

**Form:**  full-time program/ part-time program[[1]](#footnote-2)

**Year:**  …………………………………………………………………

**Semester:** …………………………………………………………………

**INTERNSHIP JOURNAL**

**Name and surname of a student** ……………………………………………………………………….……………

**Register number** ………………………………………………………………………….…………

**Contact number:** ………………………………………………………………………………………

**E-mail address:** ……………………………………………………………….……….……………

**Name and surname of the University’s Internship Supervisor** ……………………………………………

**THE PLACE OF IMPLEMENTING INTERNSHIP:**

**Name of the Host Institution:**

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**Address of the Host Institution:**

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**The Internship Supervisor of the Host Institution is (name, surname, contact number, and email address)**

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**PROCEEDING OF INTERNSHIP**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Working hours** **from-to**  | **Number of worked hours**  | **Description of tasks to be carried out** **substantially related to the field of study and educational outcomes consistent with the Program and Regulations of Internship** |
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| **Total number** **of hours**  |  | **NOTES:** |
|  Seal of the Host Institution and legible signature of the Internship Supervisor  |

**ASSESSMENT OF THE EFFECTIVE IMPLEMENTATION OF LEARNING OUTCOMES BY A STUDENT– SHOULD BE FILLED IN BY THE INTERNSHIP SUPERVISOR OF THE HOST INSTITUTION**

(all elements of knowledge, skills, and social competencies indicated in the program and regulations of Internship for the given field of study should be considered)

|  |  |
| --- | --- |
| **Learning outcomes adopted to an internship on the field of study**  | **Assessment of implementing learning outcomes \*** |
| **fully** | **partial** | **lack** |
| **Knowledge:** |
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| **Skills:** |
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| **Social competencies:** |
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*\*insert „X” in an appropriate box following the scope of duties*

…………………………………………………………………………………

Seal and legible signature of the Internship Supervisor of the Host Institution

**Statement of the Internship Supervisor at the Host Institution**

I hereby declare that while implementing by a student an internship all technical conditions and mentoring support were ensured, in particular:

* preparing a place of work for a student
* acquainting a student with duties and conditions of work, including work regulations
* conducting necessary training compatible with student's position
* monitoring progress made in implementing internship program, its assessment.

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Seal and legible signature of the Internship Supervisor

of the Host Institution

**PROCEEDING OF INTERNSHIP ASSESSMENT**

|  |  |
| --- | --- |
| **Credit earned for internship**(Fill in by a person who gives credits at the Host Institution) | **Credit earned for internship** (Fill in by the University’s Internship Supervisor from the ULS)  |
| **Internship date started**  | **Internship date ended**  | **Number of hours**  | **Grade\*** | **Seal of the Host Institution and legible signature of the Internship Supervisor**  | **Grade\*** | **Date** | **Signature and seal of the University’s Internship Supervisor**  |
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**\*Scale of grades:** very good, good, satisfactory, unsatisfactory

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| **Notes and opinions of the Internship Supervisor from the Host Institution**  |
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| …………………………………………………………………………..Seal and legible signature of the Internship Supervisor in the Host Institution  |

1. Delete as appropriate [↑](#footnote-ref-2)