**Appendix No. 4 to the Regulation No. 6/2023 of the Dean of the Faculty of Applied Studies of DSW University of Lower Silesia in Wrocław**

**DSW 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)

**Recruitment:**  winter / summer[[2]](#footnote-3), ……………… academic year

**Year of study:**  …………………………………………………………………

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

**Name of internship**  …………………………………………………………………

**INTERNSHIP JOURNAL**

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

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

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

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

**Contract Number of the Personal Accident Insurance:** ………………………………………………………………………

**Contract Number of Third-Party Insurance:** ……………………………………………………………………………………

**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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**Name and surname of the Host Institution:**

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

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

**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 on a given field of study** |
|  |  |  | **Introduction to the internship** |
|  |  |  | **Evaluation of the internship** |
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| **Total numbers of didactic hours** | |  | **NOTES:** |
| **Explanation: 1 teaching hour assumes ¾ of a clock hour, but one clock hour assumes 4/3 of teaching hour**    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)

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| --- | --- | --- | --- |
| **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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\* After completing learning outcomes arising out of the “Program and Regulation of Internship” please insert „X” in an appropriate box following the scope of duties implemented during an internship

…………………………………………………………………………………

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
* acquainted a student with duties and conditions of work, including work regulations.
* conducting necessary training compatible with student's position.
* monitor progress made in implementing internship program, their assessment.

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Seal and legible signature of the Internship Supervisor

of the Host Institution

**PROCEEDING OF INTERNSHIP ASSESSMENT**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Credits earned for internship.**  (Filled in by a person who gives credits at the Host Institution) | | | | | **Credits earned for internship.**  (Filled in by the University’s Internship Supervisor from the University) | | |
| **Internship date started** | **Internship date ended** | **Number of didactical classes\*** | **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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**\*The number of teaching hours needs to be the same as in “the Program and Regulation of the Internship.”**

**1 teaching hour assumes 0,75 of a clock hour.**

**\*\* Scale of grades: very good, good, satisfactory, unsatisfactory, credited according to the Program and Regulation of the Internship for a giving field of study and education**

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

1. Delete as appropriate. [↑](#footnote-ref-2)
2. Delete as appropriate. [↑](#footnote-ref-3)