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**INTERNSHIP RECORD BOOK**

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| GENERAL INFORMATION | | |
| Student Number |  |  |
| Student Name and Surname |  | PHOTO |
| Birth Place and Date |  |  |
| Institution of Internship |  | |
| Start Date | . . / . . / 20. | |
| Scheduled Duration of Day | . . . / days | |
|  | | |
| End Date | . . / . . / 20 | |
| Number of days counted for internship | . . . / days | |
| END CONFIRMATION | | |
| . . . . . . . . . . . . . . . .  RESPONSIBLE INSTRUCTOR. | . . . . . . . . . . . . . . . .  TRAINER | |