Appendix No. 6 the do Regulations of Student Internships at CUT

(ORDER No 531/2024 by CUT Rector)



**Internship inspection report**

Faculty: [wybierz element]

Form and level of studies: [wybierz element]

Profile: [wybierz element]

Field of study:

Academic year: [wybierz element]

Controlling person: ……………………………………....

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| --- | --- | --- | --- | --- |
| No. | Student's name and surname | Date of inspection | Name and address of the workplace | Comments |
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