Appendix No. 8 to the Regulations of Student Internships at CUT

(ORDER No 531/2024 by CUT Rector)



**INTERNSHIP JOURNAL**

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

(student's name and surname)

………………………………………………………………………………………………….. (field of study)

Form and level of study [wybierz element], profile [wybierz element]

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

(internship date)

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

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

(name and address of the workplace)

**Company internship Supervisor**

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

(name and surname)

………………………………

(signature)

**INTERNSHIP COURSE CARD**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Hours****from - to** | **Description of tasks performed** | **Comments****of the Company's internship Supervisor** |
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 (signature of the Company internship Supervisor)

**INTERNSHIP COURSE CARD**

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| --- | --- | --- | --- |
| **Date** | **Hours****from - to** | **Description of tasks performed** | **Comments****of the Company's internship Supervisor** |
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 (signature of the Company internship Supervisor)

**INTERNSHIP COURSE CARD**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Hours****from - to** | **Description of tasks performed** | **Comments****of the Company's internship Supervisor** |
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 (signature of the Company internship Supervisor)

**INTERNSHIP COURSE CARD**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Hours****from - to** | **Description of tasks performed** | **Comments****of the Company's internship Supervisor** |
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 (signature of the Company internship Supervisor)

**THE INSTITUTION'S OPINION ABOUT THE INTERNSHIP**

**(tick appropriate box)**

|  |  |
| --- | --- |
| **Subject of assessment** | **Assessment** |
| Punctuality |  | always punctual |
|  | most often punctual |
|  | rarely punctual |
|  | unpunctual |
| Ability to work in a team |  | very good |
|  | good |
|  | sufficient |
|  | insufficient |
| Ability to perform tasks independently |  | very good |
|  | good |
|  | sufficient |
|  | insufficient |
| Reliability in performing work |  | high |
|  | medium |
|  | low |
|  | none |
| Level of theoretical preparation |  | very good |
|  | sufficient |
|  | needs to be completed |
| Personal culture |  | high |
|  | medium |
|  | low |

**Other comments** (possible proposals for changes in the education process)

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 (signature of the Company internship Supervisor)

**ACHIEVEMENT OF LEARNING OUTCOMES**

(according to the syllabus)

|  |  |  |
| --- | --- | --- |
| **No** | **Content of the learning outocome****(completed by the Dean's Representative for internships/Student internship Supervisor)** | **Completing the learning outcome** |
| 1 | (the content of the effects must be entered in accordance with the course guide) | yes | no |
|  |  | yes | no |
|  |  | yes | no |
|  |  | yes | no |

**FINAL GRADE BY THE COMPANY'S INTERNSHIP SUPERVISOR**

(check the appropriate box)

|  |  |  |  |
| --- | --- | --- | --- |
|  | 5.0 |  | 3.5 |
|  | 4.5 |  | 3.0 |
|  | 4.0 |  | 2.0 |

…………………..………

 (date)

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(signature of the Company internship Supervisor)

**PASSING INTERNSHIP**

…………………..………

(date)

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(signature of the Dean's Representative for internships/internship Supervisor)