

**REPORT ON THE COMPLETION OF THE INTERNSHIP OF A
STUDENT OF THE FACULTY OF MATHEMATICS
AND INFORMATION SCIENCE OF THE WARSAW
UNIVERSITY OF TECHNOLOGY**

----- TO BE COMPLETED BY THE STUDENT -----

1. Name
2. Surname
3. Field of study
4. Student record book number
5. Time of completion of the internship: from to
dd-mm-yyyy *dd-mm- yyyy*
Place of internship:
6. External Entity's name
7. External Entity's address.....
8. Intern's coordinator on behalf of the External Entity:
(name, surname, phone, e-mail)
.....
.....
9. External Entity's scope of business:
.....
.....

--- TO BE COMPLETED BY THE EXTERNAL ENTITY'S REPRESENTATIVE ---

10. Internship timetable:

No.	Date/number of hours	Tasks completed	Confirmation of attendance, comments
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

11. Evaluation of the internship:

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