# UNIVERSITY OF ECONOMICS AND HUMAN SCIENCES IN WARSAW

Field of study: ………………………………..

Specialization: ………………………………………………………………..

PROFESSIONAL PRACTICE LOGBOOK

…………………………………………………………………….........

(Student’s name)

………………………………….........

(Index number)

Start date of the internship: Date of completion of the internship:

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Total number of completed internship hours:

|  |  |  |
| --- | --- | --- |
|  |  |  |

Name of the Institution in which the internship takes place:

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| --- | --- |
| University’s behalf - internship supervisor: | Institution’s behalf – internship supervisior: |
| ……………………………………………..(Name, Surname)……………………………………………..(Position)……………………………………………..(Contact)……………………………………………..(Signature) | ……………………………………………..(Name, Surname)……………………………………………..(Positio)……………………………………………..(Contact)……………………………………………..(Signature)***Institution stamp*** |

# Learning effects expected to be achieved by the student in the course of the internship

1. **Knowledge**

|  |  |
| --- | --- |
| The effect code | Description of the learning effect |
| W\_1 |  |
| W\_2 |  |
| W\_3 |  |

# Skills

|  |  |
| --- | --- |
| The effect code | Description of the learning effect |
| U\_1 |  |
| U\_2 |  |
| U\_3 |  |

1. **Social competemce**

|  |  |
| --- | --- |
| The effect code | Description of the learning effect |
| K\_1 |  |
| K\_2 |  |
| K\_3 |  |

# The range of duties and tasks assigned to the student and functions performed

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**DAILY RECORD OF THE INTERNSHIP**

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| --- | --- | --- |
| Date: | Working hours: | Total number of completed hours: |
| ……………………………… | from ………… to ………… | ………………… |

|  |  |  |
| --- | --- | --- |
| Specification of activities carried out by the student | Reference to learning effects (the effect code) | Validation of the achieved effects (pass / fail) |
|  |  |  |

Institution’s internship supervisor name, last name, signature, and stamp:

………………………………………………

**Document should be stamped and signed each day of the internship!**

# Overall opinion and remarks of institution’s internship supervisor

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|  | Institution’s internship supervisor name, last name: |
|  | ………….……………………….. |
| ……………………………………………..(Place and date) | …………………………………..(Institution’s internship supervisor signature and stamp) |