**STUDENT INTERNSHIP CREDIT REPORT**

Student data:

Full name:

Student ID number:

Form of study: full-time/part-time

Field of study:

Year of study:

**Opinion of the University Internship Supervisor**

|  |  |  |  |
| --- | --- | --- | --- |
| . |  |  |  |
| 1. | The internship was carried out in a suitable facility. | YES | NO |
| 2. | The student has presented the relevant documents required by the Internship Regulations | YES | NO |
| 3. | The student has completed at least the minimum number of hours required to obtain credit for the internship. | YES | NO |
| 4. | The student has achieved all the learning outcomes prescribed in the *Internship Program.* | YES | NO |
| 5. | The student's responsibilities correspond to the program content described in the Internship Program. | YES | NO |
| 6. | The student received a positive opinion from the company supervisor or superior | YES | NO |

Comments:

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**I validate\* / I do not validate\* the internship required by the curriculum of the program: ..........................................**

Full name of the University’s Internship Supervisor

…………………………… ………………………………………………………

Date Signature of the University’s Internship Supervisor

*\* - delete as appropriate*