An opinion of the supervisor or supervisor of the company describing the way in which the student carries out his/her professional tasks and the knowledge, skills and social competences acquired by him/her as a result of his/her professional work.

Student’s name and Surname: …………………………………………………….

Field of study: ……………………………………………………………

**The way the student performs his/her professional tasks:**

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I confirm that as a result of my professional work, the student has/has not achieved\* the following learning outcomes 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 |  |

1. Skills

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

1. **Social competence**

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

**Notes on the student's work:**

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Stamp and signature of the company mentor or supervisor