

PRACTICAL TRAINING BOOKLET
(Template to be personalised by each faculty)

Academic year 2019/2020

Surname and first name

Year of study / Specialization

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Identification sheet

| | |
|---|---|
| Surname and first name of the student | |
| Faculty / year of study / specialization | |
| Name of the host institution | |
| Address of the host institution | |
| Department / section in which the internship took place | |
| Address where the practical training was carried out | |
| Surname and first name of the tutor / job title | |
| Surname and first name of the supervising teacher | |
| Period in which the internship was carried out | From (day/month/year) To (day/month/year) hours / day |

Daily record of activities carried out during the internship

This table is filled in daily by the student.

[illegible]

[illegible]