



Wydział Historii

# **INTERNSHIP LOG**

(surname and first na	me of the student)
(index nu	mber)
Physical Button	ad Catalana
Liberal Arts a	nd Sciences
internship start date	date of completion of the internship
Name of host institution:	
(adres	ss)
Supervisor of practice in the institution	
(first and las	st name)
Plenipotentiary for professional internships:	

DATE	INTERNSHIP HOURS FROM - TO	NUMBER OF HOURS OF INTERNSHIP	TASKS PERFORMED BY THE TRAINEE	SIGNATURE OF THE INTERNSHIP SUPERVISOR

DATE	INTERNSHIP HOURS FROM - TO	NUMBER OF HOURS OF INTERNSHIP	TASKS PERFORMED BY THE TRAINEE	SIGNATURE OF THE INTERNSHIP SUPERVISOR

DATE	INTERNSHIP HOURS FROM - TO	NUMBER OF HOURS OF INTERNSHIP	TASKS PERFORMED BY THE TRAINEE	SIGNATURE OF THE INTERNSHIP SUPERVISOR

DATE	INTERNSHIP HOURS FROM - TO	NUMBER OF HOURS OF INTERNSHIP	TASKS PERFORMED BY THE TRAINEE	SIGNATURE OF THE INTERNSHIP SUPERVISOR