## Internship completion confirmation

## and student evaluation

**Name, Surname:**

**Study program:**

**Date of Internship admission protocol conclusion:**

**Internship provider:**

**Provider's registered office:**

**Address of the workplace where the internship took place:**

**Internship period:**

**Number of full-day absences from the workplace and reasoning (illness, study, private affairs, etc.):**

**Summary of the student's activities during the internship:**

**Employee responsible for organization and objectives of the internship:**

**Name, Surname:**

**Company position:**

**The evaluation was prepared by:**

**Guarantor: Ing. Rudolf Vohnout, Ph.D.**

**(stamp and signature):**

**Date:**

**Date of acquaintance of the student with the evaluation:**

**Student signature:**